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FOREIGN BROADCAST INFORMATION SERVICE

JPRS Report

Epidemiology

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INTER-AFRICAN

Malaria Epidemic May Have Caused 'Thousands' of Deaths

54000140 Durban THE DAILY NEWS in English 26 May 88 p 11

[Text] Johannesburg: Several thousand people are believed to have died in the malaria epidemic that has been sweeping Southern Africa in the past months—though the official death toll is far less.

A Zimbabwean expert in the field says the death toll could be as high as 5000, more than three times the usual death toll from the crippling illness.

The outbreak has occurred in the wake of a series of disastrous floods that hit late last year.

But the lack of death-toll figures for countries such as Angola, Mozambique and Zambia, countries that have no operating preventative programmes, or Zimbabwe where figures for the outbreak have not yet been tallied, makes an accurate assessment of the total almost impossible.

In South Africa, where an efficient health service acts to prevent large-scale outbreaks, reported cases are also more than three times higher than those of previous years.

If this scenario has been repeated in neighboring countries, then the death toll could easily reach the thousands.

The "usual" yearly death toll in Zimbabwe is between 200 and 300.

07310

CAMEROON

Health Official on Current AIDS Situation

34190110a Yaounde CAMEROON TRIBUNE in French 29 Apr 88 p 6

[Interview with Dr Lazare Kaptue, health director at the ministry of public health]

[Excerpts] Dr Lazare Kaptue is the health director at the ministry of public health. He is also the president of the National Aids Committee. The CAMEROON TRIBUNE met with him just after the first national conference on AIDS. He tells us here, mincing no words, about reported cases of AIDS in Cameroon: even the most skeptical should be convinced.

[Question] Cameroon has just held its first national conference on AIDS. Why has it taken so long to have one?

[Answer] We have a program of activities which we have established and are following in the struggle we have undertaken against AIDS. We could not begin with a conference at the national level before having given every provincial hospital AIDS-testing equipment. Also, we had to get our files thoroughly prepared. All in all, this first national conference on AIDS was not late at all.... In fact, it has come at a very good time.

[Question] You know that a number of people are still skeptical about the existence of AIDS in Cameroon?

[Answer] Such people are being completely irrational. You yourself are familiar with efforts we have been making for three years now to put out information about AIDS. And normally one would expect that after such a campaign the skeptics would be convinced. One might well ask whether those people who profess to doubt the existence of AIDS are being serious. I could give one reason for such incredulity: the fact that the AIDS virus is not very prevalent here. However, we have nevertheless published the figures on reported AIDS victims in Cameroon.

[Question] How many are there?

[Answer] Precisely 53 cases. The victims come from all over, from eight different provinces of the country. The only provinces which have not reported any cases of AIDS are North-West and South-West. So it is not just imagination, or an invention of the health ministry, when we talk about the existence of AIDS in Cameroon.

The skeptics should perhaps have seen photographs, or a film about the Cameroonian victims. We have thought about this, but we have not been able to obtain permission from our patients, who have refused to allow themselves to be filmed. And you know, it would be a violation of medical ethics to publish photographs or produce films about a patient without his agreement. Perhaps someday we will find patients who will be willing to cooperate. That said, we are still going to continue our information campaign and efforts to sensitize the population to the problem.

[Question] Have you heard any news on the Egypto-Zairian MM1?

[Answer] Absolutely not, though I am personally acquainted with Dr Lurhuma, who is very distinguished, a great specialist in hematology and immunology. However, I must admit that I have not yet read a scientific paper on MM1, nor have I tried it on my patients. I prefer to reserve judgment on that subject.

[Question] But the press has given extensive coverage to the case of a Kenyan couple who were reportedly cured of AIDS last week....

[Answer] It is possible, but personally I am reserving judgment as to the results. Look, I was also in Brazzaville. Many people crossed the river to get cured in Kinshasa. But their situation did not improve. I am waiting to read a scientific article about MM1, and statistical data on its performance. Now if MM1 turned out to be truly effective against AIDS, it would be a tremendously important discovery, one which would bring much honor to Dr Lurhuma, his Zairian homeland, and indeed all of Africa.

[Question] What is happening in terms of basic research on AIDS in Cameroon?

[Answer] Several AIDS projects are under way at the Pasteur Center in Yaounde. For example, they are making cultures of the HIV virus in order to identify the different sero-types found in our environment. Other research projects are aimed at identifying unknown AIDS factors—and not many of them have been identified so far. This is why, for example, we are trying to see whether HIV2, one of the two viruses that cause AIDS, exists in Cameroon. So far only HIV1 has been detected.

09516 h1
AIDS Virus Spreads to East Province

54000150 Dakar LE SOLEIL in French 10 Jun 88 p 6

[Text] Aids (Acquired Immune Deficiency Syndrome) is gradually gaining ground in Cameroon. While it was believed to be confined to provinces in the South, the Littoral and the West, the virus is now showing up in the Eastern part of the country where 3 new cases have recently been detected. This brings the total number of cases to 30.

At the provincial hospital of Bertoua (East Cameroon) a young 23-year-old prostitute, the mother of two children, was declared to be a carrier of AIDS. She was suffering from chronic diarrhea which hospital nurses tried unsuccessfully to treat.

The second case involved a man about 30 years old from Belabo. This man, a polygamist, has two wives, the first of whom is definitely seropositive. Test results from the children of that wife as well as those from the prostitute's children have not been received. The other wife of the polygamist is seronegative.

According to Dr. Nkwelle Aaron who examined the patients, screening blood for AIDS is done in this part of Cameroon only when blood is donated by volunteers. The procedure for blood screening itself, costly (5,500 CFA francs, cannot be supported by a largely rural population.

GHANA

Medical Relationship With, Aid From Cuba Reported

54400106a Georgetown CATHOLIC STANDARD in English 12 Jun 88 pp 1, 2

[Text] For thirteen years Cuba has played a major supportive role in Guyana's public health system.

Starting with a team of seven doctors in 1975, Cuba now provides 52 medical personnel, including specialists in various fields, dentists and technicians.

Cuba has also collaborated in the training of Guyanese doctors. The first batch of students went to Cuba in 1975 and since then more than 70 have graduated.

Seven of these went on to specialise. Three completed their further studies and have returned to Guyana. Four of these graduates are still studying in Cuba.

With the opening of the Medical School at the University of Guyana in 1985, the students from Cuba spent their sixth year in Guyana getting experience in the local hospitals, at the end of which they graduated here.

The number of students from Cuba graduating since then were 17 in 1986 and 11 in 1987. This year 4 are expected to graduate.

The number of non-graduate students now is Cuba is 14. Cuba is also helping in the running of the UG medical school.

Two professors are employed on a permanent basis, teaching anatomy and physiology to first and second year students.

The third year students to go the Georgetown Hospital to do practical work and all the Cuban specialists there collaborate with the Ministry in drawing up a programme for them and helping in their instruction.

The Cuban personnel are given board and lodging and pocket money, but no salary is paid or fees charged.

Apart from the medical personnel provided by the Cuban Government, five Cuban specialists are working with the Pan American Health Organisation (PAHO) as consultants on an agreement between the Guyana Government, Cuba and PAHO.

Three are at the U.G. Medical School and one is a consultant in Maternity and Child care and the other a consultant on Public Health Administration.

Cuba over the years has placed great emphasis on developing its health services and now has 25,000 doctors.

It offers support similar to that given to Guyana to 36 other countries.

At present, however, it has no such programme in any other Caricom country. Cuban doctors used to operate in Grenada, but had to leave after the invasion.

Mr. Seaga is reported to have wanted the Cuban doctors to remain in Jamaica after he had asked the embassy to close, but the doctors did not stay.

Suriname also had Cuban doctors until the country changed its alignment.

A number of other expatriate doctors are at present working in Guyana. Three are know to come from the USSR, two from Sri Lanka and others from India, North Korea and Zimbabwe.

The specialties of the Cuban doctors are as follows:

Doctors

Specialties	Nos
Paediatrics	3
General Surgeons	3
Maxillo/Facial Surgeon	1
Orthopaedic Surgeon	1
Urologist	1
Psychiatrists	2
Psychologist	1
X-ray Doctor	1
Dentists	3
Epidemiologist	1
Dermatologist	1
Internal Medicine Specialist	1
Gynaecologist/Obstetrician	2
Pathologist Specialist	1
Anaesthetists	2
Labour (Factory) Medicine	1
Nutritionist	1
ENT Specialist Surgeon	1
General Practitioners	6
Physiology Professor	1
Anatomy Professor	1
PAHO Consultants	5
Total Doctors	40

Technicians

Specialties	Nos
Psychometrics	1
X-ray	1
Anaesthetist	2
Optometrist	1
Physiotherapists	2
Occupational Therapist	1
Electro Medicine	1
Cytologist	1
Pathological Anatomy	1
Radio Therapy	1
Total Technicians	12

Total Cuban Personnel	52

Most of the Cuban personnel are based in Georgetown. Five are in New Amsterdam, five in Linden and three in West Demerara.

They usually come for two years then return home.

/06662

Typhoid Outbreak in Demerara; Fifty are Treated

54400106b Georgetown MIRROR in English 29 May 88 p 4

[Text] There is an outbreak of typhoid in the Mon Repos north area on the East Coast, Demerara. In the last two weeks a large number of persons from this village have been affected by the disease. An estimated 40 persons were treated at the Public Hospital and by private doctors.

Villagers are linking this latest outbreak of typhoid with the contaminated trench water they were obliged to use during the recent drought. They report, too, constant break down of water pumps, which are managed by the Government regional administration and which supply water from wells at various points of the sugar belt.

There has been chronic water problems on the East Coast, Demerara and for years householders have to trek long distances to fetch trench water for domestic use. It is feared that the typhoid may spread into other villages.

In recent years there were serious outbreaks of typhoid on the East Bank, Demerara and in Essequibo, all caused by contaminated water supplies.

/06662

SENEGAL

Strategy of AIDS Prevention Program Reviewed

34190113 Dakar LE SOLEIL in French 21 Mar 88 p 2

[Article by Jean Pires]

[Excerpts] The workshop on combating AIDS held last 10 and 11 March at Seydou Nourou Tall Center in Saly Portudal kicked off a drive to make the public aware of the activities of the National Committee to Prevent AIDS (CNPS). The group of private and semi-public physicians and medical technicians gathered at Saly for a seminar organized jointly with the private and semi-public section of the Family Health and Population Project were the first to receive exhaustive information on AIDS, its progress in the world, its clinical manifestations, and the resources marshalled internationally to combat the epidemic. A quick inventory of the AIDS epidemic in the world based on WHO's January 1988 census turns up a figure of 73,747 AIDS cases. The first fact to strike the reader is that the number of countries declaring AIDS cases is on the rise. There are 129 of them today. The Senegalese epidemiologist Dr. Mboup commented that there is now no country that can boast it is AIDS-free.

There are 48,000 declared cases in the United States (about 7,500 for the other countries in the American continent), around 8,800 cases in Europe, and 8,600 in Africa (this figure is considered an underestimate). Asia seems to be the least affected continent, with 229 cases, and Oceania has nearly 700 cases. It is important to note that declared cases are only the tip of the iceberg and that there are between 150,00 and 300,000 real cases. This also means that there are 5 to 10 million healthy carriers of the HIV virus.

"This is the great tragedy of AIDS," declared Dr. Mboup. The problem is the rapid and substantial progression in the number of cases: they double nearly every 6 months in the United States. Epidemiologists, while not wishing to sound like purveyors of doom, believe that by 1991 the virus will spread to one million people, and that is assuming that between now and then a vaccine will have been discovered that will allow the spread to be halted. This gives some idea of the vigilance that must be practiced by all inhabitants of the globe.

In Africa, where transmission is primarily heterosexual, the incidence of the disease is increasing among women in particular. The high-risk group of prostitutes is reason enough to cry halt in some countries: 80 percent of the prostitutes in Africa are seropositive. The other tragedy is that AIDS affects primarily the young, precisely those whose strength is counted on to support development efforts.

The WHO confirms it and national programs make no mistake about it: "individual action is the key to preventing AIDS."

National Prevention Program—The Strategy Is Being Implemented

National steps to prevent AIDS in Senegal were taken following a preliminary epidemiological study on retroviruses done in 1984 under a Dakar- Harvard-Limoges-Tours university agreement. Based on the results of this investigation and aware of the rapid spread of the HIV virus, the Senegalese Government considered it urgent to forestall this social plague by first creating a national, mulitidisciplinary committee to prevent AIDS: the CNPS. Next, a national program to combat AIDS was drafted, and, lastly, executed.

The CNPS is responsible for:

—devising a national strategy to prevent AIDS

—coordinating all studies, research, and initiatives in all sectors related to AIDS

—preparing regulatory and legislative provisions to combat AIDS

—informing authorities on the AIDS situation in Senegal

—informing the minister of health of all AIDS cases for notification to WHO.

The long- and medium-term national program to prevent AIDS was jointly drafted and adopted by the CNPS and the World AIDS Program in Geneva in July 1987, as part of the world-wide strategy against AIDS.

The principal objectives of the program are:

—to monitor the spread of the epidemic

—to reduce sexual transmission

—to eliminate the risk of transmission via blood

—to improve the care of seropositive or AIDS patients

—to develop and coordinate research.

The total cost of the National Program to Prevent AIDS for a five-year period is 1,476 billion CFA francs. At a meeting of moneylenders held in Dakar the 15 and 16 February, 1988, 1.7 million US dollars (around 510 million CFA francs) were collected to underwrite the activities of the CNPS for the first year of the program.

Well before this meeting, however, the Senegalese government had made sure, with the support of the World AIDS Program in Geneva and certain moneylenders, that high-priority activities of the AIDS program would be initiated.

Systematic testing for the HIV virus in blood donors was begun, as was HIV testing, examination, and follow-up among prostitutes registered in the prostitutes' social and health files. The education of health professionals and the general public was launched.

Execution of the program calls for strengthening existing infrastructures for AIDS testing; this includes the National Blood Transfusion Center, the main Dakar hospital, the Dakar University Hospital Center laboratory of bacteriology and virology, and the Dakar Pasteur Institute, where it will be possible to confirm HIV testing.

Program plans include bolstering initiatives to prevent sexually transmitted diseases (STD), including AIDS, in STD and family-planning centers; training regional lab assistants in AIDS detection techniques; systematic AIDS testing among prostitutes registered in the health files, with periodic follow-up and examination of seropositive patients; making condoms available in STD and family-planning centers; educating midwives in order to limit perinatal transmission of the HIV virus; and drafting AIDS notification forms available in medical units..

It is important to point out that there are no restrictive measures concerning AIDS in Senegal. Persons who are HIV seropositive or afflicted with AIDS must be considered patients. They have the right to diagnosis and treatment and must be taken care of.

In the short term (1987-1992), there will be testing of blood donors in the blood banks of other regions, and HIV testing in the military health services, and port, school, hotel and prison health services. In addition, a vast public information and education program, and a program to educate health professionals, are in the planning stages.

Thanks to steps already taken, the AIDS epidemic remains controllable in Senegal. There are now 70 officially recorded cases in the country. The CNPS, under its mandate from the Senegalese government, is discreetly and efficiently acting to combat the epidemic. Its efforts made it possible, as a top priority, to check the transmission of the HIV virus in two high-risk population groups: prostitutes and blood donors. The fight against AIDS demands coordination at the sub-regional, regional and international level.

(Excerpted from "National Measures for the Prevention of AIDS in Senegal", by Dr. Ibra Ndoye, CNPS coordinator.)

09825

AIDS Government Funds, Test Results, Ontario Guidelines

Additional Government Funding

54200045 Ottawa THE OTTAWA CITIZEN in English 9 Jun 88 p A1

[Excerpt] Winnipeg (CP)—The federal government will spend an extra $129 million over five years to fight AIDS, Health Minister Jake Epp announced Wednesday.

"The cost of failing to address AIDS in terms of death, discrimination, misunderstanding and fear is too great a price to pay," Epp told delegates to a health education conference.

Groups involved in fighting acquired immunodeficiency syndrome reacted with delight to the minister's statement, although some said more was needed to curb the epidemic.

As of Monday, 1,775 Canadians suffered from the virus, which kills by attacking the body's immune system, and 993 had died from it, Epp said.

The largest single chunk of money—$48 million—will be spent on educating the public. But funds will also go to research, community-level projects, training workers and helping international scientific efforts.

"It is through education that we can really help limit the spread of AIDS and address its social effects," Epp said.

The government will also spend:

- $35 million on AIDS research, including testing new drugs, studying potential vaccines and improving diagnosis;
- $20 million on projects to prevent the spread of AIDS and care for victims;
- $10 million on training health and social services workers, developing new ways to serve AIDS victims and helping volunteer organizations;
- $10 million on international scientific efforts sponsored by groups such as the World Health Organization.

The Federal Centre for AIDS, which co-ordinates federal activities on the disease, will also receive more money.

The new funds are in addition to the $39 million the federal government committed in 1986 to spend on the problem over the five-year period.

Sexually Active Women Study

54200045 Ottawa THE OTTAWA CITIZEN in English 14 Jun 88 pp A1, A2

[Article by Robin Ludlow]

[Text] AIDS does not yet appear to be a problem among sexually active women despite risky behavior, according to early results of a study by the Federal Centre for AIDS.

Only one of 1,414 women tested in the past year at six Canadian sexually-transmitted disease (STD) clinics turned up positive to the AIDS virus.

That means the woman carries the AIDS virus but has not yet developed the disease. Officials would not say which city she is from. It is known she engaged in a variety of heterosexual activities including vaginal, oral and anal intercourse.

Southam News obtained an advance copy of the figures which were to be presented today at an international AIDS conference in Stockholm by AIDS centre research Kimberly Elmslie.

The study, which is still under way, began a year ago in Ottawa, Vancouver, Edmonton, Winnipeg, Toronto and Montreal.

The testing was done anonymously but with informed consent to determine how widespread the AIDS virus is among women appearing at such clinics and to get a better profile of their sex habits and risk factors.

Of 1,414 women who agreed to be tested, almost half were in the 18-25 age group and about a fifth were in the 26-30 group. Almost a quarter had some post-secondary education and about a third either finished or had some high school.

One in four said they had previously had chlamydia, another sexually transmitted disease, a fifth had already had gonorrhea, another fifth reported having had genital crabs and 15 per cent had previously had genital warts.

Ninety-five per cent of the women said they were heterosexual, four per cent were bisexual and only one per cent said they were lesbians.

Half had two-to-five sexual partners in the past 12 months and a third had only one partner in the previous year.

Half of the women reported having only steady partners in the previous year but 41 per cent said they had both steady and casual partners.

Almost half of the women said that during casual sex, their partners never used condoms.

The study says that even though high-risk sexual behavior was reported by a significant proportion of women surveyed, there is so far a low-level of HIV (the AIDS virus) infection among female clinic patients.

But Dr Barbara Romanowski, director of the Edmonton STD clinic, cautioned against complacency.

"We have a group of very susceptible women who if they continue to engage in unprotected sex are at risk for exposure to the virus."

The study emphasizes that the results apply only to women attending STD clinics and should not be generalized to other groups.

As of Monday, 1,793 AIDS cases had been diagnosed in Canada, including 1,006 who had died. Only 28 of those diagnosed are women who acquired AIDS through sexual contact with a high-risk person. Fifteen of these women have died.

In Canada, AIDS is still predominantly a disease of gay males. Eight out of 10 cases are homosexual or bisexual males who engage in risky behavior such as anal sex.

The study of women at STD clinics will wrap up at the end of July to be followed by a fuller report of the findings.

Ontario Hospital Guidelines

54200045 Toronto THE GLOBE AND MAIL in English 21 Jun 88 p A13

[Article by Joan Breckenridge]

[Text] Concerns about confidentiality have led some doctors to keep AIDS test results out of patient records and to fail to report suspected cases of AIDS to health officials, an Ontario Hospital Association report says.

The report is one of five formally released by the OHA at a press conference yesterday, together with its first set of AIDS guidelines for the 222 hospitals in the province. A copy was mailed to hospital chief executive officers on Friday.

It reminds doctors that hospitals have a legal obligation to keep a complete medical record of a patient's condition and to report confirmed or suspected cases of communicable diseases to a medical officer of health.

"The system is breaking down somewhere, because physicians are very consciously not reporting," said Elma Heidemann, chairman of the advisory committee that researched the papers and formulated the guidelines.

AIDS patients ask doctors not to record or disclose their condition. They are afraid of not receiving the same treatment as other patients because of fear among hospital workers about exposure to the acquired immune deficiency syndrome virus. And doctors comply, because they believe the patients may be right.

To help deal with these problems, the guidelines, which contain 12 recommendations, state that hospitals should take precautions when dealing with all patients. These include using barrier techniques, such as masks and rubber gloves, to prevent exposure to blood or other body fluids.

Another recommendation states that hospitals have a responsibility not to disclose information about an AIDS test result or diagnosis, except with the patient's consent or when required by law.

The guidelines, which are formulated to provide a safe working environment for health care professionals and to increase the quality of care for AIDS patients, also recommend:

- Testing for AIDS only under certain circumstances, such as in making a diagnosis, when requested by a patient, in screening of blood and organ donations and in following up accidental exposures to blood or body fluids by a patient or health care worker;
- Developing a communications policy to allay public concerns about the safety of the hospital environment;
- Providing hospital services to those who need them without discrimination and with respect for the privacy, dignity and individuality of each patient;
- Providing mandatory, comprehensive education and training of staff about AIDS policy and procedures and putting in place a review mechanism to monitor staff compliance.

/9274

HONG KONG

Measles Vaccinations Planned as Number of Cases Increases

54400105 Hong Kong SOUTH CHINA MORNING POST in English 30 May 88 p 3

[Text] Government inoculation teams next week will vaccinate school children against measles, which has already claimed six young lives.

Twenty-nine more children were diagnosed to be suffering from measles yesterday, bringing the number of cases recorded since January to 2,134.

The Medical and Health Department has decided to inoculate at schools because attendances at the five special out-patient clinics had been poor.

Of those who contracted the disease, about 70 percent had not been vaccinated. Of them, nearly a quarter are babies less than 12-months-old, while children aged five or more comprised 5- percent.

Vaccination prevents the on-set of measles or induces a milder dose that poses little risk to life. The six children, three of them babies, who died in the current outbreak had not been vaccinated.

Under the emergency program, babies older than six months can be inoculated at any of the maternal and child health centres while children aged six to 14 can attend Tang Shiu Kin Hospital, Yau Ma Tei Jockey Club Clinic, Kwun Tong Jockey Club Clinic, Lady Trench Polyclinic and Lek Yuen Health Centre.

A four-year-old Vietnamese girl from the Argyle Street closed camp was yesterday admitted to Princess Margaret Hospital after she was found suffering from measles. She was one of 26 refugees who were taken to hospital yesterday with complaints ranging from fever to sore throats. All but four were returned to camp. A man and two young girls were kept overnight for observation.

/06662

SOUTH KOREA

Sailor Becomes 26th Korean Infected With AIDS

SK870501 Seoul YONHAP in English 0455 GMT 8 Jul 88

[Text] Seoul, July 8 (YONHAP)—The Health and Social Affairs Ministry announced friday that a 46-year old Korean sailor was infected with AIDS (Acquired Immune Deficiency Syndrome), bringing to 26 the total number of Koreans infected by the deadly disease.

A ministry spokesman said that Kim, whose residence is in the Southern Port of Pusan, tested positive for the AIDS virus when he underwent final examinations at the national medical center in Seoul.

Among the 26 Koreans infected with AIDS, four have died and 22 are receiving special treatment from government authorities, the spokesman said.

VIETNAM

Insect Infestation of Rice Fields Reported

BK1806102088 Hanoi Domestic Service in Vietnamese 2300 GMT 17 Jun 88

[Summary] Insects are causing harm to some area of early 10th-month rice seedlings and plantings. "In the northern provinces and cities, brown planthoppers have produced abundantly and caused harm to a large area in the delta, midland, and mountainous provinces. From hundreds to thousands of insects and up to the highest level of 10,000 can be found in a square meter. Some 200 hectares have been destroyed. Rice blast has affected more than 7,500 hectares of Nong Nghiep 8 and TR-203 rice mainly in Ha Son Binh, Hanoi, Nghia Binh, and Ha Bac. Stemborers continue to produce abundantly in many localities. Rice thrips are harming the area of summer-fall and early 10th-month rice, and rice seedlings in low-lying areas, mainly in the delta and midland provinces of Bac Bo and Nghe Tinh province with an average density of from 300 to 500 and up to the highest level of 10,000 per square meter, causing partial destruction in Nghe Tinh."

"In the south, nigrospora oryzae is developing in various localities of the Mekong Delta and the central coast, causing harm to the earing rice plantings. Stemborers are attacking the spring-summer rice in the central coast provinces and the budding and earing summer-fall rice in the Mekong River Delta provinces with an average density of 2-5 insects per square meter. Small leafrollers have caused more harm to the budding and earing summer-fall rice plantings in Tien Giang, Ben Tre, and An Giang Provinces, and Ho Chi Minh City with a general density of 2-6 insects per square meter, and have caused sporadic damages in the central coast provinces. Moreover, brown and white-backed planthoppers are causing partial yet heavy damage to the spring-summer rice in Nghia Binh with a density of 4,000-5,000 insects per square meter. Rice beetles have caused widespread damage to the budding and earing rice in Tien Giang with a density of 5-10 insects per square meter."

In the days ahead, paddy bugs might harm the late rice plantings in northern localities while stemborer butterflies will lay eggs on the area of summer-fall rice and early 10th-month seedlings. In the south, nigrospora oryzae will continue to develop strongly in almost every province and especially on budding and earing rice plantings while stemborers, small leafrollers, and rice thrips will continue to develop on large areas.

The Vegetation Protection Department requests the northern provinces cities to vigilantly protect rice until harvest time and to immediately kill rice thrips and stemborers on the 10th-month and summer-fall rice seedlings. The southern provinces will concentrate on preventing and controlling nigrospora oryzae. The central coast provinces should continue to kill brown and white-backed planthoppers and small leafrollers.

Widespread Insect Damage to Rice Expected

BK0207013988 Hanoi Domestic Service in Vietnamese 2300 GMT 29 Jun 88

[Text] In the northern provinces during the past several days stem borers have been appearing in various late winter-spring ricefields. Rice bugs also appeared in some localities, especially in areas previously ravaged by insects in Nghe Tinh, Thanh Hoa, and Ha Son Binh Provinces. Following the recent prolonged warm and hot periods, the density of whitefly and paddy thrips has quickly increased in various early 10th-month ricefields, especially in Hai Hung, Thai Binh, and Binh Tri Thien Provinces and in Hanoi. On the average, the density was from 500 to 2,000, but at some places it was from 5,000 to 10,000 or more in 1 square meter. Rice skipper eggs have been found in most of the 10th-month rice seedlings, while rice armyworm has caused great losses to rice seedlings in Binh Tri Thien and Ha Tuyen Provinces.

In the southern provinces, aphelenchoides oryzae has damaged about 46,000 hectares of summer-fall rice. In the central coastal area alone, 25,000 hectares were damaged or 50 percent of the cultivated acreage; Nghia Binh Province, 5,000 hectares; and Dong Thap Province, 13,000 hectares. On the average, 10-20 percent, or in the most seriously affected areas 45-50 percent, of the cultivated areas were damaged.

Rice bugs also caused damage to 36,000 hectares of the main summer-fall rice crop in Tien Giang, An Giang, and Cuu Long Provinces. On the average, the density was 300-400 per square meter, but in some areas it was from 5,000 to 6,000. Meanwhile plusia eriosoma has spread into a vast area of the jute plantings, causing losses to some localities. On the average, the density was 500-600 per square meter, but in some areas it reached 2,000 in a square meter. Pheosphaerulina also appeared and damaged the peanut plants.

The Vegetation Protection Department of the Ministry of Agriculture and Food Industry stated that in the coming days, stem borers will increase in number, especially during the period from late June through the first 10 days of July. Larva will cause heavy damage to summer-fall and early 10th-month rice crops as well as main 10th-month rice seedlings in northern provinces. Whitefly and paddy trips will cause serious damage to green, fresh seedlings. The number of rice skippers will increase and cause damage to rice and rice seedlings in late June and early July. In the central coastal provinces, stem borers will continue to spread further; larva will cause damage to summer-fall ricefields; paddy thrips will continue to cause damage to the main 10th-month rice crop in the Mekong River Delta. Aphelenchoidas, rice planthoppers, and leaf folders may cause great damage to some areas of southern provinces.

The Vegetation Protection Department urges the northern provinces to prepare equipment to eradicate stem borers in summer-fall ricefields and early 10th-month rice seedlings, spray insecticide to prevent early and main 10th-month ricefields from damage by paddy thrips and whitefly. Various central coastal provinces must prepare bug killing lanterns to eradicate stem borers, and spray insecticide on insect-densely areas. Provinces in the Mekong River Delta must pay attention to preventing and eradicating paddy thrips.

Provinces Warned Against Pests

BK0207095888 Hanoi Domestic Service in Vietnamese 1100 GMT 1 Jul 88

[Text] The Vegetation Protection Department has just issued a communique saying: In the coming days, stem borers' larvae will continue laying eggs chiefly on the main 10th-month rice plantings; young bugs will keep up their localized damage in a number of localities; and leaf folders, armyworms, and brown planthoppers will emerge and develop at an increased rate in the northern provinces.

Meanwhile, in the southern provinces, aphelenchoides oryzae will continue to wreak widespread damage on the summer-fall rice crop; and stem borers and rice mealy bugs will also appear in increasing numbers.

In view of this, the northern provinces are advised to concentrate on controlling harmful insects and diseases infesting rice seedlings by all available methods—spraying insecticides while removing insect nests by hand and using nets to catch young bugs. Meanwhile, the southern provinces should spray chemical solution to control aphelenchoides oryzae and prevent it from spreading, and continue to watch for and exterminate larvae of stem borers, rice mealy bugs, and other types of harmful insects.

BULGARIA

Statistical Yearbook on Infectious Diseases
54000004 Sofia STATISTICHESKI GODISHNIK 1987 in Bulgarian 1987 p 443

Registered Contagious Diseases per year

Type of Disease	1980	1981	1982	1983	1984	1985	1986
Number of Cases							
Diphtheria	2	—	--	—	—	--	—
Scarlet Fever	12901	10851	16062	16790	18150	13865	13697
German Measles-Morbilli	10763	9239	281	326	292	972	1370
Whooping Cough	154	391	169	66	226	40	53
Measles--Rubeola	69042	12475	17523	12882	24731	29383	8498
Chicken-Pox	47607	42045	54852	43399	40737	34216	39211
Mumps	6523	8619	3416	1064	852	1170	68613
Influenza	243387	265822	3282	254278	6119	78105	7041
Epidemic Cerebro-spinal Meningitis	107	128	103	104	105	136	150
Epidemic Encephalitis	25	11	28	14	18	33	18
Infantile Paralysis	--	—	—	—	1	—	--
Q Fever	1	2	1	1	19	505	31
Hemorrahagic Fever	8	10	18	10	22	25	33
Malaria (1)	128	420	368	242	269	116	95
Abdominal Typhus/Typhoid	1	3	1	3	1	3	3
Paratyphoid	—	—	--	--	—	1	2
Dysentery	8583	9385	7208	5018	4797	6137	4878
Toxic Dyspepsia	20	8	19	11	18	5	2
Infectious Hepatitis	9821	9758	22224	22120	12883	12392	11931
Anthrax	12	15	15	15	15	17	33
Leptospirosis	22	55	29	46	60	26	34
Tetanus	18	18	27	26	13	12	8
Serous Meningitis	193	170	113	189	97	1274	265
Cases per 100000 people							
Diphtheria	0.0	—		—	—	—	—
Scarlet Fever	145.6	122.0	180.1	187.8	202.6	154.7	152.9
German Measles-Morbilli	121.5	103.9	3.2	3.6	3.3	10.8	15.3
Whooping Cough	1.7	4.4	1.9	0.7	2.5	0.4	0.6
Measles-Rubeola	779.1	140.3	196.5	144.1	276.0	327.9	94.9
Chicken-Pox	537.2	472.9	615.1	485.5	454.6	381.9	437.7
Mumps	73.6	96.9	38.3	11.9	9.5	13.1	766.0
Influenza	2746.6	2989.7	36.8	2844.4	68.3	871.7	78.6
Epidemic cerebro-spinal Meningitis	1.2	1.4	1.2	1.2	1.2	1.5	1.7
Epidemic Encephalitis	0.3	0.1	0.3	0.2	0.2	0.4	0.2
Infantile Paralysis	—	—		—	0.0	—	—
Q Fever	0.0	0.0	0.0	0.0	0.2	5.6	0.3
Hemorrahagic Fever	0.1	0.1	0.2	0.1	0.2	0.3	0.4
Malaria (1)	1.4	4.7	4.1	2.7	3.0	1.3	1.1
Abdominal Typhus/Typhoid	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Paratyphoid	--			—	—	0.0	0.0
Dysentery	96.9	105.6	80.8	56.1	53.5	68.5	54.5
Toxic Dyspepsia	0.2	0.1	0.2	0.1	0.2	0.1	0.0
Infectious Hepatitis	110.8	109.7	249.2	247.4	143.8	138.3	133.2
Anthrax	0.1	0.2	0.2	0.2	0.2	0.2	0.4
Leptospirosis	0.2	0.6	0.3	0.5	0.7	0.3	0.4
Tetanus	0.2	0.2	0.3	0.3	0.1	0.1	0.1
Serous Meningitis	2.2	1.9	1.3	2.1	1.1	14.2	3.0

1) All cases brought back from foreign countries

INTER-AMERICAN

AIDS Situation in Caribbean Region Assessed

54400103 Port-of-Spain DAILY EXPRESS in English 26 May 88 pp 34-35

[Text] Castries—Fears are being expressed of a possible Caribbean Acquired Immune Deficiency Syndrome (AIDS) epidemic in the next few years if drastic steps are not taken to speedily reduce the spread of the deadly disease.

Consultant epidemiologist attached to the St Lucia Government Dr John Pierre Parra says the trend in the region is much the same as exists in Africa, where the disease is found to be more common among heterosexuals than in homosexuals, as in the case in the more developed countries.

"In these circumstances the syndrome can be expected to expand significantly in the next five years," Dr Parra said in an interview with CANA.

The expert says it is difficult to tell just how fast AIDs is spreading throughout the region, and there is very little information to work with.

"However like most of the other islands all of St Lucia's 10 victims were heterosexuals and not bisexuals as was the pattern in more developed countries."

This therefore suggests that the disease was more difficult to monitor, and chances are that the official figures released by Caribbean governments to the Caribbean Epidemiology Centre (CAREC) could be a lot higher, he said.

According to the Carec figures, up to February 1988 there were three cases of AIDS in Antigua and Barbuda, five in Dominica, seven in Grenada, two in St Kitts-/Nevis, seven in St Vincent and the Grenadines and 10 in St Lucia.

"A look at the figures for the OECS and the wider Caribbean suggests that the main route of transmission is not necessarily through the homosexual population, but the heterosexual, while the group mainly responsible for its importation has been farmer workers," he said. Up to last September CAREC said there were 593 known cases of AIDS in the English-speaking Caribbean and Suriname. Of this number there were 372 deaths.

Trinidad and Tobago led the field with 207 cases. Bahamas has 163, Bermuda 75 and Barbados 52.

"Of the new cases that we are seeing in '87, the biggest groups are due to heterosexual transmission," said Dr C. J. Hospedales at an AIDS seminar in Trinidad last November.

According to officials here that trend has not changed in 1988.

St Lucia's Director of Medical Services Dr James St Catherine, who has also been monitoring the epidemiology of AIDS in the region, sid that a very disturbing trend has developed, in that there is increasing evidence of the disease being transmitted from the mother to the unborn child.

"That is perhaps the most disturbing trend as we enter into a new realm of infection within this age group which was unheard of before," Dr St Catherine said.

One such case was recently discovered in St Lucia.

Dr St Catherine says the question of an increase in the use of intravenous drugs within the region presents another area for expansion.

"So we have at this point in time a situation where we are trying to juggle with the factors which can influence the transmission, so that the picture will be very interesting in the next five years," Dr St Catherine said.

"The potential for an explosive spread of AIDS is there, but we believe that with more widespread use of the public media and the development of more relevant material with which we can quantify the impact, we may be able to avert such a tragedy," St Catherine added.

He said that the tool to be used to control this spread will have to be education, because even if a vaccine or treatment is discovered it will take at least three to five years before it becomes available in the region.

The Director of Health Services said that government would n the meantime step up its preventative measures. These include an information campaign on the disease, the testing of blood, and the setting up [of] sexually transmitted disease clinics.

Dr St Catherine said that the Caribbean Epidemiology Centre (CAREC) has been given the responsibility of coordinating a regional approach to dealing with AIDS.

Last year CAREC received close to half a million US dollars from the World Health Organisation (WHO) to stimulate the regional fight against AIDS.

/9274

BRAZIL

Santos Ranked as City With Highest AIDS Incidence

54002028b Sao Paulo FOLHA DE SAO PAULO in Portuguese 21 May 88 p A-13

[Text] Santos (65 km southeast of Sao Paulo) is the city with the highest AIDS rate in Brazil. The epidemic has been advancing extremely rapidly in the township. Only 4 years ago there were no patients registered. A survey by ERSA (Regional Office of the Health Secretariat) shows that about 30 cases occurred per 100,000 inhabitants from 1985 on. In constrast to the capital of Sao Paulo, where there were about 12 cases per 100,000 inhabitants since 1982, Santos has become the center of attention of specialists fighting the syndrome.

"We have a rather rough estimate to the effect that between 50,000 and 60,000 persons are contaminated with the virus throughout the Baixada, most of them in Santos; they do not show symptoms but do transmit the virus," said epidemiologist Joel Domingos Machado, the technical assistant of ERSA.

In the region, there are 27 newborn who are carriers of the virus and the disease is developing in some of them. Most are children of mothers who inject drugs or engage in promiscuous sex. In Santos, contagion through the use of syringes exceeded that through homosexual relationships. Out of the 104 officially registered cases (less than half of those that occurred, Machado estimates), 39 involve drug addicts and 35 involve homosexual or bisexual relationships.

AIDS patients who are financially better off are getting treatment in private clinics. But the network of government health centers is also very busy. The outpatient section for infectious-contagious disorders at Health Center-1, located on Elisa Macuco Street at Silva Jardim, near the pier, handles about 400 AIDS cases. This work was started only in February of last year.

Disease Underestimated

"People know the forms of contagion but they underestimate the epidemic and think that it cannot happen to them," says Fabio Mesquita, 30, who is in charge of the outpatient section. He thinks that it is almost impossible to sensitize drug addicts to the risks of sharing needles. "They are potential suicides by virtue of their psychological characteristics."

The AIDS patients taken care of by Fabio come from various social strata. "There are those who have no money to eat and there are those who can buy the AZT medication in the United States." In general, an AIDS patient consumes two boxes of AZT per month, spending about Cz$ 60,000. Sometimes the remedy postpones death.

The area in which prostitutes are concentrated in the city has not been frequented so much by the inhabitants of Santos as in the old days. "They say that business has dropped," says Fabio. The clients who still do business there are crew members of foreign ships. "When we diagnose AIDS in a prostitute, we ask her with whom she had relations frequently and she answers that he was a Canadian or a Finn. How can you prevent the spread of this sort of thing?"

Fabio is also worried about tourists who cause the city's population to triple (about 500,000) over the weekend. He obtained statements from homosexuals who are AIDS victims, indicating that sexual relations continue to be intensive and that there is little use of contraceptives.

AIDS Cases Per 100,000 Inhabitants

Santos: 30.69 (cases accumulating since 1985). Sao Paulo: 12.38 (cases accumulating since 1982). Brazil: 1.83 (cases accumulating since 1982). United States: 21.96 (cases accumulating since 1981).

05058

Health Ministry Forecasts 37,887 AIDS Cases by 1990

54002028c Sao Paulo O ESTADO DE SAO PAULO in Portuguese 24 May 88 p 12

[Text] The Health Ministry estimates that there will be 37,887 AIDS cases throughout Brazil by 1990. According to an announcement made yesterday by the coordinator of the AIDS Control Program of the Health Ministry, Lair Guerra de Macedo, the number of AIDS cases in the country today is 3,100 but should rise to 9,435 by the end of the year and jump to 18,919 the year after. Lair Guerra said that the number of AIDS cases in children has also risen; the latest survey reveals that there are 92 children who are infected, ranging in age from newborn to 14 years (pediatric AIDS); 25 of these have perinatal AIDS (transmitted from mother to child during gestation, birth or soon after birth). In Sao Paulo alone, there are 49 cases of pediatric AIDS.

Lair Guerra estimates that there are currently 450,000 Brazilians who are infected with the AIDS virus and she explained that the estimate of 37,887 AIDS patients by 1990 takes into account the high growth rate of the disease over the past several years. This is why Lair Guerra said that the health service must get ready to accommodate this large number of persons who will get sick during the next several years.

Children

Of the 49 cases of children with AIDS in Sao Paulo, 13 are below the age of 1, while 20 are between 1 and 4 years of age. Rio de Janeiro is in second place as regards

pediatric AIDS with 22 registered cases. According to data supplied by the ministry, blood transfusions and blood derivatives are the major cause of AIDS in children.

According to Lair Guerra, the parents of seven of the children who contracted perinatal AIDS are users of injectable drugs; there are two cases of bisexual parents, one case of a hemophiliac girl, and one case who needed a blood transfusion at birth and was infected.

Lair Guerra said yesterday that she sent to the office of the legal counsel of the ministry a proposal for a bill on welfare and work rights of AIDS patients. According to this proposal, AIDS would provide justification for a license for health treatment, housing, military retirement and a special pension.

05058

AIDS Cases Nationwide Now Number 3,378

54002029a Sao Paulo O ESTADO DE SAO PAULO in Portuguese 2 Jun 88 p 14

[Text] Lair Guerra de Macedo, director of the AIDS Control Program of the Ministry of Health, said yesterday in Brasilia that Santos, Sao Paulo and Guaruja municipios present a greater incidence of AIDS per million inhabitants than all the other Brazilian cities. She announced that the ministry had been notified of 278 cases in May. bringing the cumulative total for Brazil to 3,378 cases. "This was the largest increase to date in a single month," she declared.

According to Lair Guerra, there has been a significant increase in the transmission of the virus through blood (by transfusion of the use of needles to inject drugs); this had accounted for 12.54 percent of all cases registered up to April and last month the figure jumped to 18.18 percent. Lair added that, on the other hand, the figure for infected hemophiliacs had dropped from 5/9 percent to 3.85 percent [of the total].

Meanwhile, sexual relations remained the principal means of infection, with a total of 2,498 cases, or 73.95 percent of all AIDS cases; of these, 1,549 are homosexuals, 750 are bisexuals and 179 are heterosexuals. According to Health Ministry data, Sao Paulo State has the most cases, with 2,015, followed by Rio de Janeiro with 590.

The Sao Paulo State Secretariat of Health put Santos at the level of "emergency one" for the AIDS prevention campaign. The city leads the nation in the number of cases of infection: 31 cases per 100,000 inhabitants; 224 per 1 million [as published]. The figure exceeds that for New York, which has 16 cases per 100,000, and for the nation's capital, which has 12 cases per 100,000.

Moreover, recent data indicate that, in an examination of 2,000 blood samples collected in the region, 2.6 percent were infected—an "extremely high incidence," according to physician Paulo Roberto Teixeira, Sao Paulo State coordinator of outpatient treatment and epidemiological vigilance, who was in Santos yesterday.

He was impressed by these figures and will coordinate the prevention campaign, since the municipio is not yet organized to provide hospital treatment for AIDS patients. What troubles the authorities is the rapid rate at which cases are being reported in Santos, particularly since 1987. "We have concluded that we will need a 'sub-program' for the Baixada Santista region, with a special strategy and with priority to activities at other levels."

Epidemiologist Maria Eugenia Lima Fernandes, of the State Secretariat of Health, proposed that working groups be created to act in various social areas in the region. With the aid of the technical team of the ERSA-52 of Santos, it is planned to draft a document of intent, to be submitted to the secretary of health.

06362

Metropolitan Area Surveyed for Purpuric Fever Cases

54002029b Sao Paulo O ESTADO DE SAO PAULO in Portuguese 25 May 88 p 16

[Text] By the end of June, the Secretariat of Health promises to conduct a survey of the metropolitan region, particularly in day nurseries which have had outbreaks of conjunctivitis, to detect purpuric fever, the latest disease to emerge in Sao Paulo. In the last 4 years, it has already led to the death of 50 children in regions of the state with a hot climate. At the beginning of April, a 3-year-old child attending the Jardim Joamar nursery died; this was the first case of purpuric fever registered in the capital.

Not wishing to alarm the public, sanitarian Berenice Bustamati Kavakama, of the Center for Epidemiological Vigilance of the State Health Secretariat, said that, "for the time being," the disease is localized and the authorities have it under control. The disease is known as purpuric fever because, in the final stages, it causes reddish blotches on the skin.

Identified to date only in Sao Paulo and in Australia, where only one case has been reported, purpuric fever attacks children from 3 to 10 years of age living in hot climates. The microorganism which causes the disease—Hemophilus aegyptus—has led to outbreaks of conjunctivitis in areas where large groups of children are gathered, such as day nurseries, schools and "favelas" [shantytowns].

Recently, the researches have detected a change in the characteristics of the bacterium: It has invaded the bloodstream and is no longer confined to the conjunctiva, explained Berenice Kavakama. The specialists know very little about the disease; they have not even ascertained how it is transmitted and they are being assisted in their work by North American technicians.

The principal characteristics of purpuric fever are fever, abdominal pain and/or vomiting and the development of blotches in a period of 72 hours after the onset of the fever. The disease attacks children of all types, including well-nourished children. It develops very rapidly and can result in death in less than 12 hours.

Purpuric fever was identified for the first time in 1984, in the city of Promissao, 480 km from Sao Paulo. In the beginning it was thought to be a meningococcemia, but there were no cases of meningitis in the region. The research studies went on to consider arboviruses, bacterial diseases and even problems created by agrotoxins (dioxin poisoning).

Blood samples of the patients did not provide sufficient evidence to lead the researchers to any new conclusions and an epidemiological analysis revealed that the various cases that were studied bore no relationship to each other. It was then that a new piece of evidence came to light: There was an increase in the number of cases of conjunctivitis in children.

06362

Chagas Disease Carriers Total About 5 Million

Rio de Janeiro O GLOBO in Portuguese
25 May 88 p 17

[Text] Belo Horizonte—About 5 million Brazilians are carriers of Chagas disease. According to Joao Carlos Pinto, director of the national program for control of the disease, Chagas is widespread in 19 states, in an area covering roughly 2,200 municipios. He said that the Ministry of Health has invested $30 million a year on control of the barbeiro [Panstrongylus megistus], the transmitting agent, and has visited 7 million houses.

"If the program is maintained, we could control the barbeiro in the next 5 years, but there is the problem of blood transfusions, which also pass on Chagas disease. Today, transfusions are of greater concern than the barbeiro. On the other hand, the emergence of AIDS has facilitated control of Chagas disease, in that AIDS has forced a stricter control over the quality of blood," he said, adding:

"Although the barbeiro is active in rural areas, living in stud-and-mud dwellings, two-thirds of the Chagas disease victims are now found in cities because of migration."

06362

Eight Foot and Mouth Disease Foci Found in Minas Gerais

54002029c Sao Paulo O ESTADO DESAOPAULOinPortuguese31 May 88 p 34

[Text] Belo Horizonte—Jose Newton Coelho Menezes, vice president of the CRMV (Regional Council of Veterinary Medicine), yesterday reported the existence of eight foci of foot and mouth disease in the Minas Gerais herds, foci which could spread rapidly throughout the state and extend quickly to other parts of the country. Just 15 years ago, there were practically no cases in Minas Gerais; but last year, when the State Institute of Animal Health became a superintendency of the Secretariat of Agriculture and 600 of its veterinary technicians were dismissed, supervision of vaccination against this and other diseases was eliminated. Last year, seven people contracted rabies from animals, whereas there has been no cases in prior years.

According to Jose Newton, at this time the government of Minas Gerais is totally indifferent to animal health. "If immediate measures are not taken, the transmission of diseases among the cattle and swine herds and, consequently, to consumers could reach critical levels and could spread throughout the country," he warned. Since the Superintendency of Animal Health is not structured to exercise control or to force rural producers to vaccinate their herds, the producers are neglecting to do so and sales of vaccines have declined by 50 percent in the last 12 months.

He believes that before long the EEC, which requires vaccination in the countries from which it buys beef and its derivatives, could suspend all imports from Brazil in this sector. He said that just in the region of Formiga, in southwestern Minas Gerais, the death of 60 animals has been laid to foot and mouth disease, at enormous cost to the livestock farmers because of the drastic reduction in animal productivity. To date, the area has not even been interdicted by the state, in accordance with Agriculture Ministry standards. Minas Gerais has the largest cattle herd in the country, with 19 million head (25 percent of the national total) and it is the major producer of beef, milk and dairy products.

06362

JAMAICA

Minister of Health: Public not Taking AIDS Seriously

54400107a Kingston THE DAILY GLEANER in English 9 Jun 88 p 1

[Text] Jamaicans are not taking the AIDS problem seriously and because of this, the number of cases may rise significantly, Dr. Kenneth Baugh, Minister of Health, said yesterday.

"In the health services, we are concerned. We are concerned because of the laxity with which people approached the problem," he told the House of Representatives.

Stating that up to Friday, May 20, this year, 59 cases of the dreaded disease Acquired Immune Deficiency Syndrome had been recorded here (42 of the victims have died), he expressed fear that the number may escalate rapidly if people failed to pay more attention to the disease.

Children under the age of five accounted for six of the cases "and these are offspring of mothers who are healthy carriers" of the AIDS virus. The first case of AIDS was detected in Jamaica in December 1982.

Dr. Baugh told Parliament, in making his contribution to this year's sectoral debate, that despite the education programme about AIDS, the Jamaican public was not responding positively.

"I fear that the time may well come in Jamaica when young people will see their friends die from the disease and wait on their time to come," Dr. Baugh said.

More than 3,000 persons were now carrying the AIDS virus, he reminded the nation, adding that "the vast majority are well and do not know that they have the virus and therefore will continue to pass on the disease from person to person."

But Dr. Baugh said: "As to how many with the virus will eventually develop the disease is not yet clearly established."

/06662

Trust Company To Run Private-Hospital Operations

54400107b Kingston THE DAILY GLEANER in English 9 Jun 88 p 3

[Text] A trust company is to be set up by the Government to control the operations of privatised hospitals, Dr. Kenneth Baugh, Minister of Health, told Parliament last night.

Dr. Baugh, speaking in the sectoral debate in the House of Representatives, said the company would include on its board, nominees of the Ministry, private sector and medical interests.

The objective would be to ensure that some control is exercised over the operations of the privatised hospitals, monitor the terms and conditions of employment of workers and to provide a legal holding company for Government property leased for privatisation.

He said the Ministry was now undertaking a careful study of: the various options for privatisation; the methodology to follow in implementing privatisation; and, the suitability of select areas for piloting the programme, in terms of the state of readiness of the institution and the socio-economic status of the population.

Dr. Baugh said the Government had for some time been studying alternative methods in managing and financing the health-care delivery service.

"This is against the background that the cost of health-care delivery has, through successive administrations, moved steadily away from the reach of the financing capabilities of the Government.

"This is illustrated in the fact that the Government's allocation to health-care over the period 1979-1987, increased from approximately $100 million in 1979 to roughly $421 million in 1987, yet remained below the financing demands of the health sector."

In view of that, a committee was formed to look at new initiatives in alternative financing and managing the health sector and to work in conjunction with the Ministry in reviewing and developing those activities.

The plan involves two main areas: the divestment of certain support services; and, the privatisation of certain hospitals.

So far, five areas of service had been identified as suitable for divestment: the portering/sanitation/janitorial services; the catering services; the laundry services; the maintenance services; and, the ambulances services.

The portering/sanitation/janitorial services have been divested in the Kingston region, already resulting in a saving in recurrent expenditure of just over $4 million, while the environs of the hospitals have shown a higher level of cleanliness. With this success, preparations are underway for continuing divestment of those services in other hospital regions.

The catering services are to be next, as much of the foundation for divestment has been laid. The other areas are being studied and the logistics for implementation are being worked out.

In regard to the privatisation of hospitals, a comprehensive survey, which looked at major population parameters such as age, sex, marital and union status, income levels and the level of dependence of households, has been completed in eight parishes.

The survey also examined the population's pattern of use of health facilities, experience with payment for health-care, attitude towards payment for health-care at different institutions and distance travelled to access care at various institutions.

The survey has revealed that the average annual income earned in the poorest of the regions being viewed was $6,700, while that in the most economically prosperous area was $7,000.

Over 70 percent of the population surveyed had made payment for health care and the sum paid ranged from $73.37 to just under $95,000.

He said that in most of the eight parishes, the percentage of the population willing to pay for health care at hospitals was consistently well above 60 percent and in some cases over 90 percent. The exception being in two of the poorest parishes, where the extent of willingness was under 50 percent.

With this in view, other data are being studied in conjunction with the survey data to decide on the most suitable area for introducing the concept of privatisation.

/06662

MEXICO

Coahuila AIDS Cases Total 18

54002025d Mexico City EXCELSIOR (STATES Section) in Spanish 6 Apr 88 pp 1, 3

[Text] Morelia, Michoacan, 5 April—AIDS is a disease that is now of concern in the state health sector. Ten of the total 18 cases were uncovered within the past 4 months. Concealment of the disease by those infected is hampering efforts combat it.

After making the above statement, Jose Luis Avalos Lemus, the head of the Public Health Coordinated Services in this state, asserted that the cases discovered until now involve individuals who have previously lived in the United States, so "we health authorities assume that they have already infected other people."

He said that it is very hard for the appropriate authorities to uncover all the cases of AIDS that are currently proliferating in the state since the great majority of the patients prefer to obtain medical care in private clinics.

On the other hand, he said that known AIDS cases have been directed to the appropriate institutions in order to avoid contamination, but he acknowledged that there may be more persons who prefer to conceal their infection since the disease is socially anathema.

11466

56 AIDS Cases in Coahuila; Research Notes

54002025c Mexico City EXCELSIOR (STATES Section) in Spanish 10 Apr 88 pp 1, 3

[Article by Ruben Davila and Eduardo Chimely]

[Text] Saltillo, Coahuila, 9 April—"The state holds second place nationally with 56 cases of AIDS," said Virgilio Verduzco, the chief of the state Public Health Services. Meanwhile, in Guadalajara, Jalisco, the head of the Hematology Department of Valentin Gomez Farias Hospital, Ignacio Mariscal Ibarra, pointed out that the most common changes exhibited by AIDS patients is cytopenia, which is a decrease in the amount of cell protoplasm.

Virgilio Verduzco indicated that the highest number of cases of the syndrome, after the town of Torreon, have been detected in the municipality of San Pedro de las Colonias, in the Lake Region and in the countryside.

He said it is believed that persons infected with the disease have spent periods of time in various places in the United States, where they could have contracted the disease, and he explained that, despite the fact that they do not have adequate medical equipment for stopping the spread of AIDS, they are conducting campaigns to educate the inhabitants of the entire state.

He made it clear, however, that the number of cases appearing in San Pedro de las Colonias, Coahuila, where there is a large rural population, is constantly growing.

He reported that, until the end of 1987, Coahuila occupied third place nationally in AIDS cases, with 38 reported, and he added that 18 more cases have already been discovered so far in 1988.

The official pointed out that for each AIDS patient there is a fairly large number of carriers of the lethal virus, which is why he ruled out the likelihood that the number of cases in that state would not increase in the future.

On the other hand, the head of the Hematology Department of Valentin Gomez Farias Hospital in Guadalajara reported that, on the basis of a recent study conducted with AIDS patients, they observed a proliferation of different sorts of ailments among them, such as proliferative anemia and leucopenia, among others.

He also added that there is a drop in altered neutrophile phagocytosis in both subjects with AIDS and carriers of the human immunodeficiency virus in whom the illness is not yet evident.

Ignacio Mariscal Ibarra said that in these individuals the osseous medulla is of different types: morcellular in three out of four cases, hypercellular in 18 percent and aplasic

in 8 percent of the cases. This, he added, results in an abnormality of these subjects' immunological defense system and the organ's response to the infection is manifest.

"Another manifestation that has been observed in AIDS patients—through a study conducted on 140 children with the disease—is that 19 of them developed what is known as immunological thrombocytopenic purpura (ITP), which is characterized by hematomas on the skin or in the mucous membranes of internal organs," Dr Mariscal noted.

The doctor from Jalisco stated that these studies have enabled them to acquire knowledge of a better and more sensible use of blood and its byproducts and of the development of antiviral-action agents that will probably be influential in correcting some patterns of behavior of this fatal disease, "perhaps in the near" future.

11466

SURINAME

Conflict Undercuts Antimalaria Measures

FL0771626 Bridgetown CANA in English 1726 GMT 6 Jul 88

[Text] Paramaribo, July 6, CANA—Suriname's Bureau for Public Health has drafted a crash program to cope with an increasing number of malaria cases here, officials reported. The officials said that because of the war situation in east and central Suriname, where government troops are battling guerrillas, the bureau was handicapped in its fight against the disease.

The disease is reported to be prevalent mainly among interior residents.

The crash program has been approved by the government. It is expected to be launched shortly when medical supplies arrive from the United States.

The medical team, which is responsible for the execution of the program, has been doing a refresher course in malaria control.

TRINIDAD AND TOBAGO

Shortage of Insulin, Other Drugs Called 'Critical'

54400108 Port-of-Spain SUNDAY EXPRESS in English 19 Jun 88 pp 1, 10

[Article by Camini Marajh]

[Excerpts] Diabetics across the country are today attempting to deal with a critical shortage of insulin at the nation's hospitals and other public health institutions.

Further, it is understood that the last stock of insulin at the Hospital Management Company medical storage department at Chaguaramas was delivered to a few of the country's hospitals on Wednesday last.

How long this supply will last is as yet uncertain as attempts are now under way by the Hospital Management Company to award a contract for the importation of the drug, which is of critical importance to diabetics. World health figures show that Trinidad and Tobago has the highest incidence of women with diabetes, a chronic disease that affects one in 10 persons. The contract is expected to go out in two weeks' time.

General Manager of the Hospital Management Company, Gerry de Gourville, confirmed on Thursday that there was indeed a shortage of insulin. De Gourville, however, attributed the shortage to the increased demand for out-patient drugs at the hospitals.

Demand for hospital or free drugs, he said, has quite literally tripled over the last two years. He blamed the increased demand on the high cost of drugs, low wages, the continued decline in the economy and unemployment.

Stating emphatically that the country can no longer sustain the free distribution of drugs under the present system, De Gourville said: "Something that would ordinarily last a year now lasts less than seven months."

When this happens, he said, as is the case with insulin, the drug is purchased on an ad hoc basis until the next contract is awarded.

The SUNDAY EXPRESS understands that the San Fernando General Hospital is completely out of pain killers, GTN (heart complaints), busco banco, panadol, anti-asthmatic and arthritic drugs.

Other drugs that are in short supply include brinerdin (hypertension), diamox (for eye-disorders), guinidine (for heart complaints), anti-biotics—namely ampicillin and augmentin—and creams and ointments for skin diseases.

The situation is so critical that doctors and nurses have taken to issuing hospital prescriptions to families of patients now in hospital. Families are told that unless they get the prescriptions filled, the hospital will be unable to treat the patient.

Jameel Rahaman, general manager of Ross Budget Drugs, said drug importing agents have had to cut supplies by half because of reduced foreign exchange allocations.

Rahaman, who said that the cost of drugs had gone haywire since the removal of the $2.40 preferential rate, said it was not uncommon for a person to walk in a pharmacy and ask that a prescription be filled and on seeing the price, ask to be given $20 worth of the prescribed drug.

Noting that doctors may be unaware of the high cost of drugs, he said: "We can't tell doctors what to prescribe for their patients. The fact is many of the people we see cannot afford to purchase drugs on the outside."

He said, however, that "ours" was not a Guyanese situation and that there were enough drugs to easily last the end of the year.

Health Minister Dr Emanual Hosein said yesterday he was aware of a shortage of humulin insulin only (there are several different types of insulin).

He blamed the shortage of insulin and other drugs on "unanticipated usage" at public health institutions.

"Things are running short in the institutions all the time," said Hosein, "but that is not to say that there is a real shortage. What I do know is that more and more people are going to the hospitals for free drugs."

/06662

EGYPT

Minister of Health Declares Egypt Free of AIDS

JN0871524 Cairo AL-WAFD in Arabic 6 Jul 88 p 2

[Excerpt] During his visit to Port Said yesterday, Health Minister Ragh:ib Duwaydar declared that Egypt is free of the disease AIDS. He said the ministry has concluded a contract for the purchase of sophisticated U.S. apparatus and material for the analysis of blood samples and the early diagnosis of AIDS. The equipment is expected to arrive in Egypt in the next few months. He said the ministry has, in conjunction with world medical research institutions, surveyed 16,000 blood samples from various parts of Egypt, and the tests conclusively proved the blood samples are free of AIDS. The minister also said there are 40 cases of AIDS in Egypt, 55 percent of whom are foreigners and 45 percent are Egyptians who contracted the disease through blood transfusions.

Five Governorates Report Meningitis Outbreak

54004617 Cairo AL-AHALI in Arabic 8 Jun 88 p 1

[Text] A state of emergency was announced in the public hospitals in the governorates of Damietta, Marsa Matruh, and North and South Sinai, because of the spread of the spinal meningitis epidemic.

Nine patients in Marsa Matruh governorate died as a result of being stricken with spinal meningitis, including a young woman, and 7 patients died in Damietta governorate, including a 10 year old girl, while another citizen died in North Sinai.

The hospitals in Damietta governorate received 12 meningitis patients, of which 3 were in serious condition; 25 patients were recorded in North Sinai, and 10 patients, including 4 in the same family, were admitted in Marsa Matruh. Meanwhile the symptoms of spinal meningitis were observed in 4 inhabitants of South Sinai governorate.

More than 30 children from the village of al-Baramun in al-Daqahliyah governorate died, and the men of the village assembled before the governor to request that serious preventive measures be taken.

In related developments, the health administration in Aswan took additional preventive measures after the spread of cases of spinal menginitis and the death of 7 students in the village of al-Basaliyah Qibli, and 4 students belonging to Markaz Nasr, as well as 27 people being placed in the Hummiyat Hospital in Idfu, and several others in the Hummiyat Hospitals in the province.

Medical sources confirmed that the spread of the disease in Aswan is attributable to the infection brought by those coming from the Sudan and through Wadi Halfa, and that preventive measures had been taken in Mina' al-Sadd to halt the spread of the infection.

INDIA

Reportage Continues on Fight Against AIDS

Results of Screening

54000145 Madras THE HINDU in English 3 Jun 88 p 6

[Text] New Delhi, 2 June—As many as 87,634 people were screened for Human Immuno-Deficiency Virus (HIV-1), the causative agent for the Acquired Immune Deficiency Syndrome (AIDS), till February as part of the national sero-surveillance programme being implemented by the Indian Council for Medical Research (ICMR). Of this high-risk group population screened, 263 were found to be seropositive, according to the latest ICMR newsletter. This gives a seropositivity rate of 3 per 1,000 people screened indicating the low prevalence of HIV infection even among high-risk groups.

Seropositivity means that they may carry the infection but not all show symptoms of the disease.

Of the 263, only 18 had developed AIDS disease. Twelve of them are Indians (including an NRI). The remaining who were foreigners, were deported to their countries.

First evidence: The first evidence of HIV infection was obtained in March 1986, when sera from asymptomatic women prostitutes from Madras showed presence of HIV antibodies. Soon after the National Institute of Virology (NIV), Pune, detected HIV antibodies in the first AIDS patients. These findings led to the setting up of a nationwide ICMR surveillance programme to screen high-risk groups and those with AIDS symptoms. The programme is being implemented in association with the State health authorities.

From the sero-surveillance data provided by the ICMR newsletter it is apparent that the surveillance has been stepped up in the recent past. Over 30,000 persons were screened in half the time compared to the time taken till October 1987, to cover a similar figure. In Tamil Nadu, the sero-surveillance activity has been intense from the outset. Until now one out of every three screened belonged to that State. the sustained efforts of the centres in Tamil Nadu have resulted in nearly ⅔ of all prostitutes and persons attending Sexually Transmitted Diseases (STD) clinics being screened under the programme.

The ICMR task force on AIDS believes that the relatively larger number of persons screened and the successful, sustained surveillance among the high-risk groups in Tamil Nadu might partly account for the majority of the seropositive persons belonging to the State.

Major mode of transmission: Heterosexual promiscuity appears to be the major mode of transmission of HIV infection. According to the data, of the 263 seropositive

persons, 89 are heterosexually promiscuous. This number only compares with the number of seropositive women prostitutes, which is 87. There have also been four instances of seropositive asymptomatic women becoming pregnant. One of the three infants born has been found to be seropositive but remained asymptomatic at least till the time for which data has been made available. The child is now 1-year-old.

Though the surveillance programme has been successful in screening prostitutes and people attending STD clinics it has not been able to make much headway in screening homosexuals and eunuchs. Apparently so far only one patient with AIDS gave history of homosexuality but the infection appeared to have been acquired abroad.

Since HIV infection is known to be transmitted through blood, the government has made it mandatory that all blood products be tested for HIV antibodies as part of the surveillance programme. Till February 1988, over 10,000 high-risk blood donors were screened. Five blood donors were found to be seropositive and one blood recipient, from an unknown donor, were found to be infected. Since the later half of 1987 sero-surveillance among blood donors has been intensified. Two major centres in Tamil Nadu will soon start screening all blood donors, and not the high-risk groups alone.

The other important risk category is, of course, foreigners. Since many foreign students come from countries where prevalence of HIV infection is high, the government has initiated, since last year, a compulsory serological testing as part of the health check-up before enrolling in universities. Forty-nine foreigners have been found to be seropositive of whom 30 are students.

Immune studies in asymptomatic seropositive individuals have shown that some of these persons only had moderate immune depression and none had so far shown any evidence of increased susceptibility to infection. Some curious features have also been observed. Two seropositive women have become seronegative during follow-up and continue to remain asymptomatic. Though similar observations have been reported from the United States and Europe, the exact significance of these findings is not yet clear.

Austrian Victim Deported

54500145 Calcutta THE TELEGRAPH in English 15 Jun 88 p 5

[Text] Srinagar, 14 June (UNI)—An Austrian national, suspected of being AIDS-infected, was today deported by the state authorities.

The Austrian, who along with his wife, had arrived here last week, left this morning for New Delhi following deportation orders, intelligence sources said. His presence had caused panic among health officials here, who had sought his deportation.

Suspect Case in Navy

54500145 Bombay THE TIMES OF INDIA in English 26 May 88 p 5

[Text] A foreign trainee in the Indian Navy is suspected to have contracted the dreaded AIDS. He has been admitted to the Naval hospital, INHS Ashwini, at Coloba here.

Sources said sample of the patient's blood has been sent to the Institute of Virology, Pune, and the report confirmed that the patient was suffering from AIDS.

Hospital authorities were reluctant to disclose any detail on the plea that the matter pertained to the defence services.

Informed sources confirmed that a case was being investigated at the hospital but it was premature to describe it as a full blown AIDS case. The Institute of Virology had so far only confirmed that the patient was seropositive indicating AIDS, it was stated.

Till January this year, at lease 16 full blown cases of AIDS were reported in the country of whom 6 were foreigners, 9 Indians and a non-resident Indian. Of the nine Indians, eight died and one is undergoing treatment in Tamil Nadu.

/12232

High Incidence of Heart Disease Among Indian Youth

54500143 New Delhi PATRIOT in English 7 Jun 88 p 5

[Text] Mysore, 6 June (UNI)—The incidence of heart diseases among the young India is three times higher than that of the world average. [sentence as received]

Coronary diseases are also assuming "epidemic proportions" in the country, said noted cardiologist B.K. Goel citing studies conducted by the J.J. group of hospitals in Bombay and Pune.

Dr Goel said the 10-year studies, which concluded last year showed that 5 percent of all heart patients were below 40 years of age. The major risk factor for these young people and the cause of heart attack among 56 percent of the cases was smoking.

The percentage of 15 in the below 40 age group was three times the world average and was much higher compared to the western hemisphere.

Dr Goel said a more disturbing finding of the study was that 18 percent of the young victims had no apparent risk factor at all. This was in variance with findings elsewhere in the world, where risk factors accounted for larger percentages.

He said this meant that there were certain risk factors operating in India that led to heart diseases.

He said the study covering 3,620 patients of the intensive cardiac care units at the J.J. hospitals in Bombay also found that the majority of the victims belong to the lower economic strata (earning less than Rs 750 per month—dispelling the popular belief that heart diseases were a preserve of the affluent.

Dr Goel said 84 percent of the patients below the age of 40 were males. This corresponded with studies elsewhere that males were five times more prone to heart diseases than females.

Smoking was a risk factor in more than half the cases among patients below 40 years of age. The second risk factor in India was alcohol—32 percent for those below 40 and 23 percent for others, he said.

He said unlike the western hemisphere, hypertension, diabetes and family history were lesser risk factors in India.

Dr Goel said, according to another study about the incidence of heart diseases in Bombay and Pune between 1942 and 1972 there was a 300 percent increase during the 30-year period.

/12232

Many States Fail To Achieve Leprosy Eradication Targets
54500144 New Delhi PATRIOT in English
31 May 88 p 5

[Text] A majority of States and Union Territories have failed to achieve their respective cumulative targets up to 1986-87 in connection with the National Leprosy Eradication Programme (NLEP), reports UNI.

Criticising the States and Union Territories for the dismal performance of the programme, the comptroller and Auditor General (CAG) in its latest report has pointed out that against the targeted coverage of 90 percent of the endemic population by the end of the Sixth Plan, only 64.20 percent had been brought under the scheme.

The National Leprosy Control Programme was launched in 1955 as a Centrally aided scheme. It was converted into a Centrally sponsored scheme in 1969-70.

The working group constituted in July 1981 to evolve a strategy for eradication of leprosy from the country by the year 2000, recommended in February 1982 that the programme may be made a time-bound one with the specific goal to arrest disease activity in all leprosy cases by the turn of the century.

The programme was thus redesignated as the National Leprosy Eradication Programme (NLEP) in 1983. Fourteen States/Union Territories in case detection, 16 in treatment and 18 in discharge activities had not achieved their respective cumulative targets up to 1986-87.

Shortfall of more than 20 percent of the sanctioned strength was also reported in medical officers and other staff.

While considerable shortage of medicines was noticed in some States, there was excess procurement in some other States.

The implementation of the programme during 1980-81 to 1986-87 was test checked with reference to the records of the Director General of Health Services (DGHS) and in a few districts of 22 States and 6 Union Territories.

There are nearly 4 million leprosy patients in the country. The main services under the programme include case detection, registration, provision of treatment on a regular basis as close to the homes of patients as possible, introduction of multi-drug-therapy (MDT) and heath education on leprosy.

The CAG has also accused five States of diverting Rs 37.20 lakh for purposes other than implementation of the programme till the end of 1986-87.

Some State Governments/Union Territories were not able to use the entire Central assistance given to them during the year, thereby, leaving cumulative unspent balances from year to year.

The percentage shortfall in discharge cases ranged between 2.48 (Bihar) and 93 (Nagaland).

Besides, all the detected cases were not being brought under treatment.

The performance in field of setting up of main infrastructural facilities was also found lacking.

The main facilities required under the programme were setting up leprosy control units in areas of high endemicity having prevalence rate of 5 per 1,000 population, survey Education and Treatment (SET) centres in areas of moderate endemicity at the rate of 1 per 20,000 population and urban leprosy centres at the rate of 1 per 30,000 to 70,000 population.

The CAG has also observed that monitoring and evaluation of the programme was not done on a regular basis independently.

For the first time since the launching of the programme, NLEP was independently evaluated in 1986 followed by another such evaluation in 1987.

The main points reiterated after the latest evaluation last year included that of need for improvement in case detection and discharge after treatment.

Data collection and reporting on relapse should receive much greater attention and performance assessment should be backed up by complete and meaningful feedback.

Trained staff should be posted and the availability of trained manpower should be augmented by utilising training capacity to its optimum.

Filling up of a large number of sanctioned vacancies in various categories was another point stressed in the report.

Strengthening of laboratory services by providing trained staff and equipment of standard quality was highlighted for improving the working of the programme.

To strengthen rehabilitation of the handicapped, the reconstructive surgery units should also be made fully operational.

Multi-drug-therapy (MDT) should be extended to more areas in view of its favourable impact and health education within the community also needed further augmentation.

Finally, the number of sample survey-cum-assessment units (SSAU) should be increased and the existing ones should be further strengthened.

/12232

Rise in Cholera, Gastroenteritis Reported in Calcutta

54500142 Calcutta THE TELEGRAPH in English 11 Jun 88 p 2

[Article by Soutik Biswas: "Cholera Cases on the Rise in City"]

[Text] Calcutta, 10 June—A large number of cases of cholera have been detected in the city's hospitals in the past 2 months.

There has been an alarming increase in the number of persons affected with gastroenteritis over this period and 40 percent of them cholera.

This assessment comes from the National Institute of Cholera and Enteric diseases (NICED). The director, Dr S.C. Pal, told this correspondent that though the institute's services had not been sought by the government, it had been independently monitoring cases admitted to hospitals.

Dr Pal said that 4 years ago the institute had been called in to check an outbreak of gastroenteritis. It was then observed that majority of the cases were of dysentery. The cholera observed this year was disconcerting, Dr Pal said.

Meanwhile, a two-member doctors' team from NICED has rushed to Tripura to check an outbreak of dysentery there, Dr Pal said.

He said that initial reports had indicated that routine anti-biotic treatment had failed to check the outbreak and the NICED team would do drug tests and visit the hospitals to ascertain the cause behind the outbreak.

Sources at Beliaghata's Infectious Diseases Hospital also admitted that there had been a sharp rise in admission of gastroenteritis patients during the last 1 month. Most of the cases were being brought from the city and Basirhat, Barasat, Sonarpur, Baruipur and Mathurapur, the sources said.

Infectious Diseases Hospital doctors also admitted that there had been a "few" cholera cases. Sources in the records department pointed out that "not less than 50 patients" with gastroenteritis were being admitted to the hospital everyday during the last 2 months. "There have also been a few deaths, but we cannot give the exact figure," the doctors said.

Sources insisted that the rising number of cases indicated a "sporadic and minor outbreak due to the low mortality rate." The Infectious Diseases Hospital is facing an accommodation problem as its sanctioned bed strength is only about 180.

/12232

ISRAEL

POST Reports Recent AIDS Statistics

TA0871046 Tel Aviv THE JERUSALEM POST in English 7 Jul 88 p 4

[Summary] There are currently 60 AIDS patients in Israel and 400 known carriers of the AIDS virus. So far, 38 people have died of AIDS in the country, Professor Tzvi Bentwich of Kaplan Hospital in Rehovot told participants in a conference on the disease held at Carmel Hospital in Haifa yesterday.

Hoof and Mouth Disease in Northern Districts

TA2806184188 Tel Aviv HA'ARETZ in Hebrew 27 Jun 88 p 4

[Summary] Cattle Disease Alert—Veterinary services have banned the transfer of cattle from the northern districts bordering Lebanon to prevent the spread of hoof and mouth disease. According to recent information, the disease has spread widely in Syria and Lebanon.

Police and Border Police units are helping to prevent cattle from crossing the Lebanese border into Israel and from being traded among the various ranches and kibbutzim in the north.

MOROCCO

Locust Eradication Campaign Termed Successful

Interview With Governor of Errachidia

54004615 Casablanca LE MATIN DU SAHARA in French 9 May 88 pp 1, 3

[Mohamed Zemzmi and Boudali Stitou interview Governor of Errachidia Ahmed Arafa]

[Text] As part of our investigation of the locust eradication campaign, we publish today an interview with Ahmed Arafa, the governor of the province of Errachidia. We had already reported a few of the features of the autumn and spring campaigns in that province, the unfailing efforts which have prevented and continue to prevent the danger of locusts from spreading.

He provided us with new information during our meeting and made us even more aware of the locust plague.

Let us recall that the province of Errachidia harnessed much energy by pursuing a campaign characterized by much solidarity and an undeniable know-how.

[Question] The locust eradication campaign began this past autumn. It harnessed many resources and much energy. The province of Errachidia courageously confronted this threat despite existing problems. How do you assess the current situation?

[Answer] With regard to the spring invasion, I think that the problem of adult locusts has been essentially solved in the province of Errachidia as well as in the other provinces for these two reasons:

One reason is the treatments themselves which proved effective despite the seriousness of the invasion. We were able to ascertain the seriousness of the situation by comparing the maps of the autumn and spring infestations with the arrival of the locusts at almost the end of their cycle.

Then, already in March, we were looking for the adults and preparing for a campaign against the nymphs. This campaign began by locating all the breeding areas. We used a computer to do the work and we prepared lists with all the data and coordinates relating to areas and laying dates. Then, instead of treating the nymphs directly as they hatched, we chose to ascertain the ideal moment for treating successfully nearly two or three generations with a single treatment, for we must try not to waste either resources or time. It is a fight which must bring maximum results with limited resources.

Having controlled the adult invasion, we are now carrying out the second phase, namely, treating the nymphs, which are at least as important as treating the adults, because, to begin with, the existing nymphs represent a potential danger next fall. If they grow to the winged stage, they will, when the climate changes, fly north to the Mediterranean toward the Sahel countries. Morocco will be experiencing high pressure and heat, in other words, summer, while the rainy season will begin in the Sahel. The locusts will be looking for suitable conditions in which to mature and reproduce, namely, water and vegetation. It is therefore the Sahel which will be the breeding ground. If the nymphs are not controlled there, they will mature and lay eggs and new nymphs will emerge. Thus, those that were born here will die there and their progeny will come back to us. As we know, a locust which matures under regular conditions succeeds in laying eggs three times and can give birth to 300 locusts. Within two phases, there is indeed an explosion in numbers. The treatment that we are applying is therefore both a cure and a preventative treatment, first for us, then for the Sahel countries and, finally, for us once again. I believe that the last meeting of the Maghrebian Emergency Committee for Locust Eradication, held in Rabat, was right in informing all the Maghreb countries that the locusts are a plague and that the eradication program cannot afford considerations over geographic borders or time limits. Consequently, we gave the Maghrebian action in the eradication campaign a double dimension: a geographic one, involving all of the Maghrebian countries, and time; that is to say, the fight against the locusts is a fight which follows them where they go in order to destroy them and reduce their numbers as much as possible in the hope of recreating in a short time the former balance which organizations such as the FAO took 20 years to establish.

We must not forget that the latest large-scale invasions, which affected the North, date back to 1958-1960 and that it took almost 20 years to confine the locusts to its traditional reproduction zone, namely, in the Sudan, Ethiopia, Somalia, and other places. The breakdown of this balance during the period 1981-1985/1986 and 1987 resulted in this invasion.

We are not at the same level of infestation as in 1958, but we are close. (It will only take one or two reproduction cycles to reach it.)

Grain Crop Saved

[Question] The grain crop promises to be very good for the country as a whole. Here too, the rain was abundant. How did you manage to prepare the people for the eradication campaign and convince them that the products used were not dangerous for the crop?

[Answer] It is true that this year the crops look very promising and we therefore had to ensure the expected results. Thus, this year, the rains coincided with a whole series of projects pertaining to storms and installations.

The agricultural services are always mobilized to protect the farmers' expected results. This mobilization is ever expanding and, in accordance with the Royal High Guidelines, it consolidates the efforts of the agricultural services which are striving, as well as possible, to develop the region.

When the first invasions made their appearance, we had to conduct a desperate fight in order to prevent the crops from being harmed. We were able to group the resources, even at the beginning when they were limited. There are very few places where we have breeding areas and nymphs in the fields . We did, however, considere the possibility that we would have nymphs near the cultivated fields or even on occasion, in the fields.

In the latter case, the computer analysis prompted us to treat the nymphs inside the fields as quickly as possible and to leave them no respite.

Because of this, field operations were exceptional. Furthermore, we involved the farmers in the protection program. We gave them sprayers to enable them to treat the areas that had not been identified. This enabled the farmers to protect themselves instead of sounding the alarm and waiting for our services to arrive.

[Question] What do you think about the controversy surrounding the insecticides and do you believe that the ones you use, malathion in particular, have given you convincing results?

[Answer] The products that we have used have given us very satisfactory results. Also, let us not forget that this campaign will be, I am sure, a decisive factor and a stimulus for the chemical industry. However, I believe that the way resources are used is more important than the resources themselves. As it were, we must undertake an effective eradication program at the lowest cost. The controversy over the products is much less important than the method and manner in which not only the products but all the eradication resources are used.

[Question] We know that the province of Errachidia has other problems, such as the drought, desertification, date palm disease (the Bayoud), among others. Did not the locust eradication campaign eclipse these problems?

[Answer] No, I do not think so. And not only for the province of Errachidia, but for Morocco as a whole. We can, however, easily extrapolate from the example with our province.

To be sure, the locust eradication campaign mobilized many people. It was an exceptional situation; we did not ask for it, but it was thrust upon us and we had to face it; we had to act with the greatest degree of efficiency. I can assure you, however, that the locust eradication campaign did not prevent in any way the other normal activities of all the administrative services. We were able to conduct concurrently our programs and development plans. Thus, with the minister of public health, Taieb Bencheik, we inaugurated a hospital which may be one of the largest hospital centers in the South. This center was made ready in 3 months and it was inaugurated on the occasion of Throne Day. We were also able to continue all the basic infrastructure works for the improvement of the telephone network. Meanwhile, the radio relay system of Rich, Budnib, Rissani and Arfoud is in the process of being completed. The post and telecommunication minister is coming in a few weeks to inaugurate what automatic telephones there are.

With regard to agriculture, we were able to organize, continue to farm, and proceed with releases under exceptional conditions this year; we were then able to obtain from the dam a little more than usual in order to stabilize the result of the crop year about which we had been told. In line with the Royal Guidelines, we are pursuing a drilling program of some 28 wells in search of deep waters, in the Ain El Ati underground water field. We are in the process of gathering a whole series of resources.

Concurrently, March saw extensive cultural activities. We were able to organize the first meeting of Sijilmassa with the minister of cultural affairs, which enabled the participants to visit the CP [Command Post], in order to acquire first hand knowledge of its eradication program. One week later, we organized the Rissani Cottage Industries Days. Three, or 4 days later, we organized for the professionals of the tourism industry a weekend of discovery and information about the province.

Therefore, the locust eradication campaign did not prevent us from pursuing our activities in all areas and operating normally.

What I am saying about the province of Errachidia can be said about all the other provinces and the rest of Morocco. Morocco was not paralyzed because there was a locust eradication campaign. Let us take sports for example, the African Nations Cup was organized while we were busy with the campaign. We each have our duties; we each have our responsibilities. Morocco has had to face other more critical situations; the locusts did not stop them. It is not the locust eradication campaign which is going to stop the activities of Morocco.

Let us also note that the experience acquired by all the CPs, which, based on the Ait Meloul traditional locust eradication program, formed several hundred teams of Moroccan cadres belonging to all fields, can, in some cases, serve as models. Furthermore, the same idea was expressed by the international organizations. Our cadres now know that when experimenting, a country cannot undertake a series of individual experiments.

Things must be sorted out, and the good kept, the bad discarded.

Today, within the various CPs and the central one, we have quite a lot of documentation, information, records, files, and computer data on hand, which can be retrieved, used, and that is an extremely important and priceless benefit. The data is something added to the know-how of the Moroccan cadres.

Eradication Program Detailed

54004615 Casablanca LE MATIN DU SAHARA in French 11 May 88, p 3

[Article by Boudali Stitou: "Considerable Resources Were Used To Suppress the Locust Scourge"]

[Text] The province of Errachidia continues to search the region for all existing nymph centers in order to destroy them.

The locust eradication campaign is thus being carried out everywhere, yielding positive results.

Treatment of the affected areas is done on a daily basis, often at all hours, by teams experienced in this task.

It should be pointed out that this campaign began 8 March.

Between that date and until last 30 April, 82,519 hectares were treated for the adult locusts which are no longer being mentioned because the campaign was finally successful.

Between 25 March and 4 April, 171 hectares were treated to destroy the eggs.

Beginning on 4 April, the nymphs' centers were attacked and destroyed by members of the treatment teams. Thus, 29,361 hectares were treated until Friday, 6 May.

Integration of Bivouacs in the Locust Eradication Infrastructure

The almost total eradication of adult locusts, especially the massive emergence of nymphs, call for a revised goal with regard to the locust eradication campaign and, consequently, the creation of new appropriate structures.

As a matter of fact, the relative "stabilization" of the nymphs during the first phase of their development makes it possible to install a more stable grid system in the field.

The installation of bivouacs in the areas for breeding and with nymphs is in keeping with this characteristic and it satisfies essentially the following goals:

1. The extension of the eradication program infrastructure by light and operational structures in often remote areas allows a great economy of effort and resources on the one hand and a stricter control over these areas on the other.

As a matter of fact, a close watch over the development of the nymphs to determine the optimal treatment date demands repeated and often exhausting trips and treating agents leaving from main or support bases.

2. The granting of rest periods to the workers and encouragement of persistant effort and, consequently, continuous operation. Should poisoning occur we should be prepared to render first-aid.

Furthermore these bivouacs are also advance surveillance stations.

Finally, the following are the various locations of the first 6 bivouacs in the action zone of the Errachidia CP: Boudenib, Merzouga, Alnif, Mellaab, Amellago and Gourrama.

The bivouac usually includes: an "officer's" tent for the local technical command unit; a bell-shaped tent for the personnel; an "infirmary" tent; cisterns for water, fuel and treatment products; trucks and vehicles; treatment equipment; and fire equipment.

Finally, let us mention that these bivouacs are only advanced bases in the search for and treatment of the nymphs, which tie in with main and support bases. Together, they currently allow a more efficient partitioning of the area.

Logistics in the Service of the Campaign

In order to win the locust eradication battle, huge resources and faultless logistics were used in the area.

Chakiri spoke to us in the Errachidia airport, where the main CP supply base is located and about the material and equipment assigned to the locust eradication campaign.

The official in charge of that installation pointed out that the base was orchestrating the use of transport equipment and treatment products, and supplying the centers of intervention. He explained to us that the base was receiving, in particular, products coming from the Ait Melloul center and Rabat, and handling the mixing and routing of the stocks.

The basic work hinged on human resources, a team being made up of one coordinator and three crew chiefs and a crew of five men.

There is sufficient equipment at the Errachidia airport, where the main supply base is located, to ensure the transport and handling of the treatment products. Among other things, there are three fixed cisterns with a total volume of 25,000 liters, three tank-trucks (22,000 liters), six flat trucks (30 tons), two power shovel (loading and unloading), three motor-driven pumps (5 liters/second), three manual pumps (supplying fuel to the aircraft), etc.

A large quantity of treatment products and fuel kept at that base were used in fighting the locusts and nymphs. Thus, between 8 March and 3 May, we used: 33,250 liters of kerosene, 24,570 liters of airplane fuel, 47,100 liters of 4-percent DDVP, 945 liters of fenthion, 3,300 liters of sumagrex, 3,200 liters of malagrex, 24,370 liters of fenitrothion, 55,445 liters of malathion, 59,760 of han solvent and 102,490 liters of Diesel oil (these figures do not include the transfer of other products from the Errachidia CP).

It should also be pointed out that the locust eradication operation was only able to succeed because of a telecommunications network placed at the disposal of the CP by the province, the Royal Armed Forces , the Royal Gendarmerie, and ORMVAT.

The rapid means of communications mentioned above made it possible to contain the plague and, above all, confront the situation with the desired speed.

6857

DENMARK

AIDS Research Grant Announced

54002501a Copenhagen BERLINGSKE TIDENDE in Danish 21 May 88 p 7

[Text] The new AIDS virus laboratory at the Hvidovre Hospital has received an extraordinary donation of well over 1.5 million kroner from the John and Birthe Meyer Foundation.

This money will be used to procure advanced equipment for the laboratory which is attached to the hospital's department of infectious diseases. This is the department which is in charge of treating 60 percent of the Danish AIDS patients and, in addition to extensive research work here at home, the Hvidovre department participates as a Danish representative in the European network for treatment of AIDS.

The research of a department of infectious diseases covers, among other things, testing and studies of new means to fight the life threatening infections that occur among AIDS patients.

The John and Birthe Meyer Foundation was established a little over 10 years ago with the objective of internationally supporting research directed to fight against diseases and other humanitarian objectives. The director of the board of the fund is John Meyer, consul in Monaco.

9583

AIDS Scare Seen Behind Changed Sexual Attitudes

54002491b Copenhagen BERLINGSKE TIDENDE in Danish 18 Apr 88 p 3

[Article by Asger Schultz: "Gallup Poll: Fear of AIDS Produces Higher Sexual Morality"]

[Text] For almost one generation, the Gallup Institute has tracked the public's attitude toward infidelity. These surveys have shown that, regardless of the sexual liberation which has seemingly occurred, people have not changed their view of this issue.

This lack of change shows that infidelity affects profoundly basic standards and values which are very difficult to change or affect. But fear of AIDS is now affecting people more and more. In a survey conducted in the summer of 1987, the attitude towards infidelity was seen to have changed significantly for the first time in the many years the institute has followed the trend. A new survey has now been conducted in which a representative sample of the adult population comprising approximately 1,000 respondents was asked the question:

"Infidelity is frequently adduced as grounds for divorce. It has been suggested that the marriage law be changed so that a single instance of infidelity would no longer be sufficient grounds for divorce. Do you agree or disagree?"

The response to the question in the most recently conducted survey was as follows; comparison is made with earlier surveys and, to simplify comparisons, the varying percentages of "don't knows" were divided proportionally between the two other groups of responses:

	1959	1968	1975	1985	1987	1988
	%	%	%	%	%	%
Agree	55	54	57	54	47	41
Disagree	45	46	43	46	53	59
Total	100	100	100	100	100	100

When criticism by religious leaders of advertising promoting the use of condoms is considered, we can observe that morality is still being significantly and positively affected by the fear of AIDS. The percentage of "liberals" on this issue is still falling. From 47 percent in 1987, the figure has now declined to 41 percent. From having stayed steady at about 55 percent for almost a generation, it would not now be an exaggeration to say that a drastic change has occurred in people's view of infidelity.

And the fact that it is the fear of AIDS which is responsible for this development emerges from the observation that a willingness to condone infidelity declines with the inclination to view AIDS as very infections.

12789/12232

Book 'AIDS in Denmark' Presents Experts' Views

54002491a Copenhagen BERLINGSKE TIDENDE in Danish 28 Apr 88 p 8

[Article by Henning Ziebe: "Major Book About AIDS"; first paragraph is BERLINGSKE TIDENDE's introduction]

[Text] In a new book, about 50 experts write about AIDS—how to protect yourself, legislation, how to get help.

Fifty AIDS experts have contributed to a new book, "AIDS In Denmark—The Collegial Introduction," edited by Dr Peter Ebbesen, which was published yesterday by Munksgaard publishers.

Among those giving their best wishes for the book's success were actress Susse Wold, the president of the AIDS Fund and Erik Mads Lihme, the president of the National AIDS Federation.

"AIDS in Denmark" is more than 300 pages long and is directed at those in Danish society who will take positions on practical problems involving AIDS. The book contains advice on how best to act in a number of situations and how best, for example, to contact other agencies and colleagues at work about how to act when a problem arises in the workplace.

But in order to act properly, it is necessary to know something about the disease itself and its psychological and social aspects. Accordingly, these matters as well are covered in the information-packed book (298 kroner), which also gives the names, addresses and telephone numbers of both public and private agencies which can give advice about how to protect yourself, legislation and how to get help.

12789/12232

Study Finds Only Half of AIDS Carriers Tell Partners of Risk

54002501b Copenhagen BERLINGSKE TIDENDE in Danish 26 May 88 p 7

[Text] Only half of the HIV carriers who switch sex partners tell their male or female sex partner that they are infected with the life threatening virus which can bring on AIDS.

This information, which is considered alarming, is a result of a study conducted by Dr Marianne Wangel, Copenhagen, in October 1986 in which 24 percent of the bisexual people and 27 percent of the homosexuals stated that they feared that they already have contracted the disease.

The results of the study were presented yesterday at a conference of the Alcoholics Out-Patient Clinics at Vingsted by Vejle.

In recent months, the increase rate in the number of AIDS cases has leveled out, whereas the knowledge about the actual spreading of the HIV is very uncertain. The number is often estimated to be between 5,000 and 10,000 HIV-positive in Denmark.

The information contained in Dr Wangel's report can almost be viewed as a bomb in the AIDS discussion after last year's debate about to what extent doctors are obligated to inform the sex partners of HIV carriers about the risk of infection.

The study also shows that 30 percent of the heterosexual people think that they cannot be infected with the HIV virus, while the figure for homosexuals and bisexuals is 6 percent.

Only 15 percent of the heterosexuals and 46 percent of the homosexuals used condoms to protect themselves at the time of the study. The homosexuals stated that from 1980 to 1986, their number of sex partners had been reduced by half, from 14 to 7 on the average per year. Also, those who were married or lived with someone had fewer outside encounters.

9583

DENMARK/GREENLAND

Island Health Officials Urge Sending AIDS Patients to Denmark

54002502 Copenhagen BERLINGSKE TIDENDE in Danish 8 Jun 88 p 9

[Text] The Greenlandic health system does not have the capability of treating HIV positive patients who come down with AIDS. [Greenland] Surgeon General Jens Misfeldt said Monday [6 June] on Greenland Radio that the Greenlandic health authorities must send patients with AIDS to the [Danish] National Hospital's Epidemic Ward.

/9274

FEDERAL REPUBLIC OF GERMANY

Impact of HIV-Infection From Blood Transfusions Assessed

54002489 West Berlin DER TAGESSPIEGEL in German 6 Apr 88 p 9

[Text] The infection of hemophiliacs with HIV virus as the result of contaminated blood will cost the German insurance industry about DM80 million in compensation. According to estimates from hemophiliac groups in the FRG, about 800 persons, who had been given coagulants which were obtained from donor blood and were contaminated, have become infected with the virus.

At the end of last year, through their attorney Schulte-Hillen, the hemophiliac groups had agreed with the insurance carriers on a compensation model which provides for a ruling/adjustment on damages in individual cases.

The first deputy chairman of the board of the German Hemophiliac Society, Gnade, said yesterday that in the meantime just over 100 cases had been settled. The compensation ruling had proven to be acceptable to those affected, although the amount of the compensation was ridiculous, measured against the premiums that the insurance firms were collecting from the pharmaceutical companies.

Gnade said that the current situation indicated that an agverage compensation payment of about DM80,000 to DM90,000 was being paid. The payments were determined by the personal circumstances of each affected hemophiliac. This could mean that compensation was as much as several hundred thousand DM or substantially less than DM80,000.

The hemophiliac groups had agreed in recent years with the insurance carriers on a "generous" settlement, which was also supposed to include a social factor. A generous ruling was supposed to end the argument about payments for injuries suffered. According to the terms of the law governing the manufacture of drugs, the insurers are only liable for the material "damage" resulting from defective medication. Additional injury payments assume a wrong on the part of the manufacturer and the manufacturer has to be sued for these payments in a potentially extended lawsuit.

It was known in the mid 1980's that what is known as "Factor VII" coagulants could contain HIV viruses. The basic component of the drugs, donor blood, had been imported primarily from the United States. Since then procedures have been used which prevent contamination of coagulants.

9581/9604

FINLAND

Ministry Announces Additional Measures in Rabies Fight

54002494 Helsinki HELSINGIN SANOMAT in Finnish 19 May 88 p 11

[Text] The Hunting and Fishing Division of the Ministry of Agriculture and Forestry is preparing to take drastic measures in order to confine rabies within the present, fairly small area of contamination in the northern part of Kymenlaakso. Plans are being made for both financing of this enterprise and for amending the hunting ordinance to allow for some hunting methods that are normally forbidden.

According to Superintendent Christian Krogell, it is too early to make any statements regarding the nature and extent of the plans. At the moment, solutions implemented in other countries are still considered on an equal basis. However, Krogell indicated that he believes that some emergency measures could be taken as early as the next hunting season, starting in September.

A couple of foreign experts visited the ministry's veterinary division to share their experiences. However, preparations for emergency measures remain tightly under the hunting and fishing division's control.

The gassing of burrows has been discussed as an alternative for a small core area, in addition to the using of poisoned baits. As with the use of trap irons, which had been considered previously, these two alternatives will, however, require their own emergency amendments in the hunting ordinance.

Krogell admits that a model solution has been considered which would divide the region of Iitti into two different zones—one with a 30-kilometer radius, the other with 50-kilometer radius. Gassing would be allowed in the inner zone, and trap irons in the outer. Other specifications for the zones, however, remain completely flexible. These can only be formulated after basic decisions have been made on the emergency measures to be employed.

The 12 rabies cases documented so far have ocurred in the narrow area of a couple of parishes in Northern Kymenlaakso. A hunting society in neighbouring Elimaki has made a formal inquiry to the ministry asking about the chances of permitting gassing of burrows. On the recommendation of the Game Preservation District, all raccoon, fox and badger burrows in the province have been pinpointed and mapped.

13421

FRANCE

Diagnosed AIDS Cases May Reach 21,000 by End of 1989

54002500 Paris LE MONDE in French 2 Jun 88 p 25

[Article by Franck Nouchi]

[Text] According to the World Health Organization and the French Ministry of Health, as many as 21,000 cases of AIDS could be diagnosed in France by the end of 1989. It is among drug addicts that the epidemic is spreading most rapidly. On Tuesday, 31 May, Claude Evin, the delegate health minister, decided to extend the unrestricted sale of syringes in pharmacies for another year.

As of 31 March, 3,628 cases of AIDS had been counted in France. According to the Weekly Epidemiological Bulletin, which makes public its figures, 3,527 cases were recorded among adults and 101 cases among children. Among adults, homosexuals are still the hardest hit (53.6 percent of the new patients registered during the first quarter of 1988, with drug addicts accounting for 17.2 percent).

However, these figures do not accurately reflect the reality of the epidemic's spread within the different high-risk groups: though the number of homosexual or bisexual patients is now doubling every 11.7 months, the number of drug-addicted patients doubles every 6 and a half months. It is clear that the epidemic is now spreading most quickly among drug addicts. In this respect, the

decision made Tuesday, 31 May by the new delegate health minister, Claude Evin, to extend the unrestricted sale of syringes for an additional year (a measure initially decided upon by Michele Barzach in February of 1987) can only be applauded. The measure has produced positive results by limiting the exchange of syringes among drug addicts.

Facilities for Drug Addicts

The total proportion of declared AIDS cases per million inhabitants is 65.3 in France. The density of patients is greatest in Ile-de-France and the Provence-Alps-Riviera region, which have rates of 189.7 and 125.3 respectively (in Guyana, there are 859.4 official cases of AIDS per million inhabitants). These figures make France the hardest-hit country in the European Community. As of 31 March, a total of 11,186 AIDS cases had been declared in the EC; after France, the most affected countries were Denmark (with a rate of 51.4 cases per million inhabitants) and Belgium (33.9).

The AIDS epidemic is now spreading most rapidly in the southern European countries. The reason is simple: these countries have the greatest proportion of sick drug addicts.

By way of comparison, 60,852 AIDS cases were counted in the United States by the Centers for Disease Control in Atlanta as of 2 May, the equivalent of 243 cases per million inhabitants.

For the first time, specialists from the Health Department have risked giving an estimate of the number of diagnosed—thus, not necessarily yet declared—AIDS cases. The result is a shocker: during the first half of 1988, 2,110 AIDS cases should be diagnosed in France, boosting the cumulative number of AIDS cases since the appearance of the epidemic to 6,376 by 30 June. By the end of 1988, 9,512 cases should have been diagnosed. Specialists of WHO's Center for AIDS Collaboration (Leon M'Ba Institute, Claude-Bernard Hospital) even tried to predict the number of AIDS cases that will have been diagnosed by the end of 1989. After citing the usual reservations, they have put forward the figure—excluding the possible discovery of a treatment between now and then—of 21,101 diagnosed cases, including 6,928 new cases during the last half of 1989.

We now have a better grasp of the statistical reality of the AIDS epidemic in France. 21,101 cases by 31 December, 1989 means that over 10,000 people will be under treatment, many of them hospitalized, within 18 months. This raises several questions, including whether or not there is sufficient hospital room. Another is whether there will be enough doctors and paramedical personnel, especially nurses, to properly care for these patients.

During a press conference on Tuesday, 31 May, Jean Choussat, general director of public assistance in Paris, mentioned that in 1987 Public Assistance had hospitalized half of the AIDS patients in France. "We are not overwhelmed, although there are still some inadequacies here and there," said Mr Choussat. But Professor Alain Sobel (Henri-Mondor, Creteil) emphasized "the inadequacy" of hospital facilities for drug addicts, who today account for up to half of new seropositive patients.

09825

Impact of AIDS on Hemophiliac Treatment Studied

54002495 Paris LE MONDE in French 22-23 May p 8

[Article by Jean-Yves Nau]

[Text] A still-confidential report on "Delivery of Care to Hemophiliacs" has just been submitted to the Ministry of Health. The report was requested last November by Michele Barzach, then health minister delegate. It was written by a group of experts headed by Dr. Yves Coquin, regional health medical inspector, and it gives the first-ever account of the problems faced by French hemophiliacs in gaining access to care and in treatment. Problems which result from the infection of a large number of them with the AIDS virus.

Over 1,500 hemophiliacs—they number between 3,000 and 5,000 in France—are seropositive. About 50 of them have already died from the effects of AIDS. They were infected through the use of treatment products manufactured from blood which were themselves infected. Although the situation has not yet been elevated to the status of a "national affair", it does raise a series of grave ethical and financial questions which the present government will not be able to evade.

Could the infection of these patients have been avoided? Were the necessary measures taken in time? Should the French government, (following the example of the British government which last November allocated the equivalent of 100 million French francs to the British Hemophiliac Association), make a gesture of national solidarity and directly or indirectly "compensate" seropositive hemophiliacs, AIDS patients, and the families of those who have died from the effects of the disease?

Until now, the French Hemophiliac Association has had no desire to fan the fires of debate. But its attempts to settle the question relatively discreetly with the previous government—notably through the creation of a foundation—failed. Consequently, it will soon adopt another strategy, launching a national campaign aimed at different legislative candidates. The goal of this campaign is to pass a bill authorizing a budget that could be used, among other things, to ease particularly painful cases. Individual initiatives will also be undertaken with the support of the Association. Another association, which holds the National Blood Transfusion Center directly

responsible, has already filed a claim with the administrative court. (Footnote 1) The Association of Multiple Transfusion Recipients, P.O. Box 268, 75963 Paris Cedex 20.

This affair raises two important, but very distinct, questions. The first is whether blood transfusion authorities and specialized establishments can in general be held responsible for the infection of hemophiliacs via blood products which were contaminated. The second is whether, as many hemophiliacs contend, contaminated products were distributed—for economic reasons—during 1984 and 1985 when other treatment products involving no risk were available.

Hemophiliacs have received no clear reply to this last question, which obviously demands a detailed and exhaustive assessment by public authorities. "It is unthinkable," the French Hemophiliac Association has been told, "that funds be allocated for a natural disaster to which no solution can be found."

"The public authorities persist in thinking they have no responsibility in this matter," says Andre Leroux, president of the French Hemophiliac Association. "But as far as I'm concerned, every time a hemophiliac dies of AIDS leaving a wife and children, I'm ashamed."

The report submitted a few days ago to the Ministry of Health does not deal directly with these eminently political questions. Instead, it details a series of concrete proposals to improve the management of patients who, because of the emergence of the AIDS epidemic and the cost of necessary treatments, face formidable problems.

The report also touches on the particularly delicate question—because of its eugenic connotations—of genetic detection of the disease (detection in utero of afflicted fetuses and detection of "carrier" future mothers). "From now on, it is vital that genetic testing for hemophilia be promoted and that it be taken care of by social protection organizations, along with other kinds of testing," explain the authors of the report. This proposal is sure to spark vehement reactions from hemophiliac patients, as well as specialized medical teams.

09825

GREECE

AIDS Investigation Shows High Awareness in High-Risk Groups

54002508 Athens KYRIAKATIKI ELEVTHEROTYPIA in Greek 15 May 88 p 15

[Article by Tasos Papas]

[Text] A large percentage—up to 90 percent—of individuals engaging in high-risk sex practices are afraid of AIDS and take all the precautionary measures recommended by science.

A survey conducted by the Public Health School of Athens among 250 [sic] individuals (15 homosexuals, 80 prostitutes and 30 individuals with many sex partners not belonging in either of the two categories) which lasted 2 months reached the following conclusions:

—Ninety percent of the homosexuals questioned are fearful of AIDS and take precautions. They are informed by mass media and watch discussion panels by experts.

—The remaining 10 percent stated that through their own fault, they were not well-informed because they do not take the AIDS danger seriously.

—Ninety percent of persons with many sexual partners said they use prophylactics. Fifty percent of them consider prophylactics a sufficiently effective means for protection, while 40 percent believe that if they have no sexual relations with non-Greeks they are in no danger of contracting AIDS.

—From the same group the remaining 10 percent replied they do not worry about AIDS. However, they did take the test.

—Finally, there is a marked increase in the use of prophylactics by registered prostitutes (97 percent).

The scientists who conducted the survey regard the results relatively satisfactory. They believe that the 10 percent of individuals is high—from both categories—who said they do not worry about AIDS. Also disquieting is the segment (40 percent) which stated that it has no fear of contracting AIDS as long as it does not have sexual relations with non-Greek males or females. Since science is in no position yet to deal effectively with this disease, the focus is on informing the public and especially the segment which engages in high-risk practices.

Ignorance

Although AIDS has now appeared in our country the last few years and the information effort started fairly soon thereafter, no survey has been undertaken until now among the general population for ascertaining the degree of acceptance of the informative messages.

In other words, the scientists do not know if the Greeks have altered their sex habits, if they use prophylactics, or if they avoid casual encounters.

7520/08309

ITALY

Spread of AIDS in Prisons on Rapid Increase

54002490 Rome LA REPUBBLICA in Italian
8-9 May 88 p 18

[Text] Rimini—"We are all aware that AIDS is a growing danger. And we all have to worry about the prison situation," says Niccolo Amato, Director General of Preventive and Penal Institutions. We have to avoid underestimating the situation and the negative consequences that can be prevented only by promptly giving greater attention to the problem today."

In European prisons, in fact, there have already been outbreaks of violence, little revolutions triggered by the fear of AIDS. And the data presented by the Ministry of Justice yesterday at the National Penitentiary Convention, "AIDS and Prisons," which concludes today in Rimini, lend weight to the existing fear in the 210 Italian prisons.

In 1987, a little less than half of the 84,792 inmates asked for a blood test for the virus (but this percentage tends to fall off significantly due to the fear of being isolated). About 20 percent—7,107 people—tested positive (6,181 men and 926 women). Another 1,627 have early symptoms of AIDS and 26 are confirmed AIDS cases.

This represents a noteworthy increase over 1985, when studies on the disease in prisons were begun; and this year's early data reveal that the number of detainees with the disease has trebled. "This phenomenon mirrors the increase in the spread of the disease registered among drug addicts being cared for at state-run addiction centers;" experts say that eight out of ten crimes are drug-related. In recent years, drug addicts have come to represent 15 percent of all detainees," and jails are in danger of becoming the place where the disease grows and spreads.

Thus, concerns and tensions are on the rise among prison employees, which are also intensified by poor working conditions. "If an inmate is seropositive, what is the risk of infection for staff and other inmates? What are appropriate measures for prevention? Should we make testing mandatory for all and isolate those who are found to be seropositive?" These are the questions that the 350 penitentiary staff members at the Convention asked Aiuti, Fara, Moroni, Beretta Anguissola, Guzzanti and other experts and members of government delegations who were present.

"Mandatory testing of all detainees creates more problems than it solves," was the more or less unanimous answer given by the experts. "Thousands of false positives who would be isolated unnecessarily and thousands more of false negatives would remain free to spread the disease unaware of their condition. The most effective means of identifying the carriers of the HIV virus is still a medical examination that selects higher risk individuals (the carriers of the virus often show signs that are identifiable by expert eyes and hands) to be tested."

"There are not many health advantages for the jail community attainable by identifying seropositives," say the experts. "Seropositives are not contagious; the HIV virus is a 'nitwit,' and is transmitted only through sexual relations. Prevention is possible, even in prison, if people are informed."

"We must understand how special the jail situation is," Amato concluded. "Jails cannot, and must not, generally isolate detainees, in the same way that would be necessary, from the medical standpoint, for the special health care required in these cases to protect prison employees as well as inmates. Sometimes, overcrowding forces 10 to 15 people together into a single cell, where sweat and other body fluids mix and where half again as many inmates are often forced into the cell unexpectedly. And under such circumstances, the word AIDS can be highly risky and may cause alarm."

13331

Resurgence of TB Feared as Result of AIDS

54002499 Milan IL GIORNALE in Italian
8 May 88 p 7

[Article by Ugo Apollonio]

[Text] Rome—Respiratory and pulmonary diseases, in all their varieties, are increasing considerably in Italy, Europe and the rest of the world.

Even tuberculosis, which was thought to have been eradicated some years ago and was considered a disease of the past, is again posing a threat everywhere because of AIDS which, as is known, strikes in a particular way immunodepressed people, generally manifesting itself at first with an infection in the respiratory system, often due to the Koch bacillus.

Thus, TB—a highly contagious disease and spread by TB sufferers who cough or exhale live TB micro-organisms—has become the first dangerous manifestation of the presence of AIDS, the diagnosis of which will only be made at a later time, depending on circumstances and various implications in the pneumological field.

The alarm was given during the "Second Italian Conference of Respiratory Medicine," which assembled for 5 days the national congresses of the Associations of Pneumology and of Respiratory Physiology and of the Italian Federation Against Tuberculosis and Social Pulmonary Diseases.

According to epidemiologic data of the World Health Organization, which was discussed at the conference, TB still affects 20 million people, with 3 million new cases

per year and more than 1 million deaths. These figures are estimates which for now cannot take into account the spread of TB due to AIDS since 1981, when the first cases were reported.

With regard to our country, 45,000 people died of TB 50 years ago, out of a population of 41 million inhabitants. Today, less than 2,000 out of 57 million die of it. Therefore, there has been tremendous progress. But we still have at least 25,000 new cases per year (that is, more than 31.6 for every 100,000 inhabitants, with respect to about 10 in many other countries).

And, according to experts such as Prof A. Quaranto, president of the Federation against TB, "The situation is even more worrisome because on the one hand our network of epidemiologic control has disappeared (about 700 dispensaries and anti-TB provincial organizations), and on the other, there are groups within the population that are increasingly at risk of contracting and thus spreading TB, namely, seropositive AIDS victims, drug addicts and social outcasts.

"This is why our belief grows stronger that we cannot lower our guard. The Federation, which has never received government funding, continues to place its confidence in widespread voluntary donations for relaunching the national struggle against TB with firm determination."

Prof A. Blasi, director of the school specializing in phthisiology and respiratory diseases at the University of Naples, told us that this premature demobilization "was strongly criticized by WHO experts because in a short time it will lead to the loss of the epidemiologic control of TB on a national scale, thus distancing us even more the final victory over the disease, which is still a sanitary and social problem. We could eliminate it forever today with an extensive health education program, with control of therapy and a diligent use of vaccines."

The conference—presided over by illustrious university teachers: Prof G. Fumagalli (Milan), C. Grassi (Pavia), M. Lucchesi (Rome) and E. Catena (Naples) and which was attended by 1,000 specialists in the field of pathology—consisted of 10 symposiums which dealt with the diagnostic and therapeutic aspects of the more important respiratory illnesses, beginning with emphysema, a terrible disease in which every breath is a struggle to survive.

Still troublesome in our country are bronchial asthma (which strikes about 3 million people at all ages), chronic bronchitis (with at least 30,000 new cases each year, especially among men between the ages of 45 and 60) and, obviously, pulmonary tumors, which are almost always fatal. (In 1986, approximately 135,000 died because of various forms of cancer; 26,000 were due to pulmonary tumors, 90 percent of which were attributed directly to cigarette smoking).

13209/9604

NORWAY

Parliament Readies Long-Range Program To Fight AIDS

54002497a Oslo AFTENPOSTEN in Norwegian, 11 May 88 p 4

[Article by Einar Solvoll: "AIDS Testing Remains Non-Obligatory"]

[Text] No to obligatory AIDS testing. This distribution of clean needles upon the handing in of old ones and a 5-year state subsidy to the counties for developing treatment facilities for drug abusers. These are the most central elements in the battle against the HIV/AIDS epidemic during the years ahead.

The Storting gave this a "green light" last evening when it discussed initiatives against AIDS in the future. At the same time, sharp warnings were directed against the introduction of the automatic needle dispensers which have shown up in various places in the country. The fear exists that this will contribute to a greater risk of HIV contagion than if the turn-in and distribution of needles can be accomplished at pharmacies or by health personnel.

Minister of Health and Social Affairs Tove Strand Gerhardsen maintains in the debate that the HIV/AIDS epidemic will put our sense of common humanity to a test during the years to come. "This can contain the germ of a society which is characterized by lower tolerance, by the driving out of minorities, by pressure for personal protection, and by increased repression," maintains the minister.

The Christian People's Party's Solveig Sollie expressed the opinion that sexual abstinence and a faithful partner relationship is the best protection against the disease, and also maintained that HIV testing should be a natural part of ordinary health controls.

"To urge sexual abstinence necessarily implies that one exists in an entirely different world than most men and women, and is to close one's eyes to reality," said Kjell Bohlin.

13032

Number of HIV-Infected Blood Recipients Doubles in Year

54002482a Oslo AFTENPOSTEN in Norwegian 20 Apr 88 p 34

[Article by Hilde Harbo]

[Text] The number of registered persons who have been infected with human immunodeficiency virus (HIV) through blood transfusions and who are not hemophiliacs has more than doubled since the start of the year.

While there were 6 such cases known at the end of 1987, the figure is now up to 13. But according to Bureau of Health estimates there may still be 10-20 Norwegians who were infected through a blood transfusion without knowing it.

It is known that 20 HIV-infected persons have been blood donors, and 5 of them have infected 9 blood recipients altogether. It is not known whether the others have infected anyone, because it is impossible to find out whom they have given blood to. But it is likely that most of them were infected after they had stopped giving blood. Four Norwegians have been infected through blood transfusions abroad.

All of the 13 who were infected through blood transfusions, plus 21 infected hemophiliacs, received infected blood before testing began at blood banks during the second half of 1985.

"We know of no cases in Norway where blood recipients have been infected by tested blood that is, nevertheless, HIV-contaminated," says Oivind Nilsen, an adviser at the State Institute for Public Health. "In the United States, on the other hand, at least 13 such cases have been recorded. This is linked to the fact that it takes on the average 2 to 3 months before an infected person develops antibodies against HIV. The tests used today on blood donors can only detect antibodies. If a blood donor is tested in the incubation period, the infection is not detected."

Low Risk

In the United States, calculations have been made which indicate that roughly 1 out of 50,000 tested blood donations may be HIV-contaminated. The statistical risk in Norway is much lower, because the infection here is far less widespread both in the general population and among blood donors. When testing of frequent blood donors was started in Norway in 1985, only two infected persons were found. None has been found since then, even though over 500,000 blood samples have been tested. This suggests that the news has gotten through: blood donors who engage in risky behavior must withdraw.

"But," we asked Harald Orjasaeter, medical director at the Red Cross and the State Hospital Blood Center, "can't blood be stored just as long as the incubation period lasts and then be tested again before its's given to patients so that you can be completely sure it's healthy blood?"

Too Expensive

"No, there's not much advantage to that. Managing such a large supply will cost much more than what we get back. Besides, red blood cells, for example, can only be stored for 35 days before they're unusable, and the incubation period may be longer than that. The infinitesimal risk of infection from blood cells and platelets is just something we have to accept," he says.

However, blood plasma products can be stored long enough for them to be tested after the incubation period. Instead of storage, there are now plans afoot to heat-treat all such products to kill the HIV. Such treatment is already implemented at some blood banks. Cleaning and heat treatment make it necessary to have twice as much plasma as before, and medical director Orjasaeter encourages new blood donors to volunteer.

Spouses Infected

"So far, six Norwegian blood recipients and three hemophiliacs have developed AIDS. Blood recipients make up 3 of the 11 new cases of AIDS recorded thus far this year. Two women who were infected through blood transfusions have infected their spouses. None of the hemophiliacs have infected their permanent partners," says Oivind Nilsen.

He goes on to say that of the seven cases of infection through blood transfusions recorded so far this year, three were found because they had developed AIDS, two because they showed symptoms of HIV infection, one because he incidentally had himself tested, and only one because people managed to track him down as the recipient of blood from an HIV-infected donor.

"Why can't you track down everyone who has received contaminated blood and who can spread the infection further without knowing it?"

"The blood banks have manual archives which show who has received blood from the various blood donors. But the quantity of data has gradually become so great that at most places it's impossible to find your way around in the older material. We need a central data register which can store such information," says Orjasaeter.

12327/12232

AIDS Pattern in Northern City Deviates from National Trend

54002482b Oslo AFTENPOSTEN in Norwegian 23 Apr 88 p 34

[Article by Erik Veigard: "AIDS Among Heterosexuals in Troms"]

[Text] Since New Year's, all recorded cases of human immunodeficiency virus (HIV) in Troms have been in the heterosexual segment of the population. Seventy percent of those infected with HIV in Troms are heterosexual. The figure is 13 percent nationwide.

"The figures are cause for concern, and we're now trying to sound a vigorous alarm," says Per Chr. Roghell, leader of the AIDS project in Troms. In Troms, HIV is definitely no longer a problem just for high-risk groups. There are 11 recorded cases in this district. Only one comes from the intravenous drug user community, two from the homosexual community. Half of the infected heterosexuals were infected during visits abroad or through sexual contact with people who were infected abroad.

"Because the infection is now indisputably established in the heterosexual part of the Troms population, the foundation has been laid for rapid dissemination, especially when you consider that there are probably 50 infected persons if the undetected cases are taken into account," says Per Chr. Roghell. He has no explanation for the large share of infected heterosexuals, but because it undoubtedly is so, there is every possible reason for people to change their sex habits. He calls for more and more people to have themselves tested. There are too few people having themselves tested in this district.

HIV infections in Troms are linked to the fact that other venereal diseases are also more widespread here. Inhabitants of Troms get gonorrhea three times as often as the rest of the country. In Finnmark, gonorrhea is six times as frequent as the national average, and when the HIV epidemic reaches Finnmark in earnest, it is feared that the infection may spread at a record pace.

12327/12232

Agency Surprised at Low Number of Drug Users With AIDS

54002497b Oslo AFTENPOSTEN in Norwegian 10 May 88 p 10

[Text] The State Institute for Public Health (SIFF) writes in its periodic report to Norwegian doctors that there continue to be surprisingly few drug users with AIDS in Norway. SIFF reports that this applies to all of Scandinavia. No attempt has been made to explain why the disease is affecting drug users less than expected. At the beginning of March, out of 81 AIDS patients, there were four drug users.

13032

SWEDEN

Minister Dedicates New AIDS Study Lab, Comments on Disease

54002503b Stockholm DAGENS NYHETER in Swedish 1 Jun 88 p 6

[Press Wire Service, Inc. report: "Gertrud Sigurdson: HIV-Situation Not Under Control"]

[Text] "Even if the researchers feel that the spread of the HIV-infection has slowed down, we cannot state that the situation is under control."

This was said by the minister of social affairs, Gertrud Sigurdson, when she dedicated the new AIDS study lab at the State Bacteriological Laboratory (SBL) in Solna last Tuesday.

She explained that she was performing the dedication with mixed feelings. For the greater part it was joy, since the new so-called security laboratory has radically improved the conditions for AIDS research in Sweden.

"At the same time, however, it is tragic that we should need this type of security laboratory with the very high standard necessary for regular work with the HIV-virus."

More Cases

Sigurdson stated that lately a certain guarded optimism has been found among the researchers. The spread of the infection seems to have diminished among homosexual and bisexual men as well as among IV drug abusers.

"We still cannot suggest that the situation is under control, because statistics show that there are more cases of infection among the heterosexual population."

Sigurdsen explained that we are also threatened by our surroundings. Both in Europe and in other parts of the world, there are countries where the infection is considerably more widespread than in Sweden.

"Even if we can now manage to influence the spread of the infection within our country's borders, there is a great risk that Swedish travelers abroad will get the infection from sexual contacts in other countries. Our only possibility of limiting this risk is knowledge, education and information."

The new building contains rooms for cultivating the HIV-virus, the virus that causes AIDS, as well as labs for research aimed at developing both vaccines and remedies for the disease.

Winding Down

The laboratory is in security class P3-P4 where P4 stands for the very highest security.

When the lab was planned, it was also assumed that HIV-researchers from Astra would be using the facilities. There is some uncertainty about this now, since the company has decided to wind down this activity.

Nevertheless, the head of SBL, Professor Lars-Olof Kallings says that negotiations are under way about how the research group from Astra will be able to continue its work on trying to produce a remedy for AIDS.

He says that he personally views this research as so important that ordinary commercial aspects cannot be placed on it. If the on-going negotiations are not successful, the question ought to be raised on an international level.

Kallings points out that AIDS, to a great extent, strikes the population in several under-developed countries, and against that background it would not be unreasonable for the World Health Organization to step in and support this type of research on a remedy for AIDS.

Despite the dedication last Tuesday, the laboratory is not yet completely finished. All the equipment is still not there. But Professor Britta Wahren, who is going to head the laboratory, expects work to begin in the new facilities sometime in August.

12339

HIV-Infected Homosexual Prostitute Interned

54002498b Stockholm DAGENS NYHETER in Swedish 22 May 88 p 7

[Text]Goteborg—An HIV-infected man, who allegedly prostituted himself at the Rosenlund area in Goteborg, is now forcibly interned in a hospital in the Goteborg region. The Press Wire Service, Inc. (TT) learned this from Per Haglind, an infectious disease specialist.

"I want to urge all men, who recently have had sexual contacts with other men in the Rosenlund area, to get in touch with a doctor," he says.

The man, who was infected with the HIV-virus 2 or 3 years ago, has been observed in the area around Rosenlund during the past week.

Hospitalized

"His actions were such, that there is reason to suspect homosexual contacts, possibly in connection with prostitution," says Per Haglind.

The man has not admitted to prostitution, but Per Haglind deems the witnesses' accounts to be very reliable.

At the present time, the man is cared for in a hospital, but he is not interned in accordance with the Infection Protection Act. Per Haglind does not expect to get the information he needs for such a decision until next week.

He is very reticent with information which might reveal the man's identity and does not want to say which law is the basis for the forcible detainment of the man.

"There are other laws that concern teenagers, drug abusers and the mentally ill, for instance."

Fourth Case

If Haglind decides on forcible internment according to the Infection Protection Act next week, the man will become the fourth case in the country. Previously, two such decisions were made in Stockholm and one in Malmo.

The men who are now urged to get in touch with a doctor, can, according to Per Haglind, initially only get help in determining the risk for infection. This depends on the manner of the sexual contacts with the HIV-infected man.

"The risk for infection varies strongly with the kind of contact made," says Per Haglind.

Bloodtests to determine the presence of antibodies can only be made 6-8 weeks after the possible transmittal.

Six Deaths

"Generally it is still recommended that men who have had sexual contacts with other men during the 1980's be tested."

If the reports about the interned man's activities are true, he will be the first HIV-infected prostitute discovered in Goteborg.

In all, there are 118 cases of HIV-infected in the township, nine of them women. Eleven persons have developed AIDS and of these six have died.

12339

Plan Abandoned To Isolate AIDS Patients on Island

54002503a Stockholm DAGENS NYHETER in Swedish 2 Jun 88 p 38

[Article by Karin Lindgren: "Stenby Manor on Adelso. HIV-Home Halted"]

[Text] It is now final that Stenby manor on Adelso will not become a home for the HIV-infected. The northeastern area Medical Service Board, in consultation with the medical service county councillor, Bo Konberg, has decided to halt the current plans for Adelso.

Chairman Mikael Odenberg (Conservative) aasserts that he has been sceptical of the Stenby manor for a long time, but that he also has taken into consideration the opposition from the population on Adelso.

"I am always influenced by opinion. Besides which, some of the arguments have been serious ones," says Mikael Odenberg, who specifically mentions the solitary situation of Stenby manor.

The distance from Stockholm has made it more difficult to recruit personnel. That fact also makes it difficult to run the unit in an economic manner, according to Mikael Odenberg. Long and costly trips for consulting physicians is only one example.

Moreover, there are other arguments against Adelso which have become apparent during the spring. The manor is too large, and it will become very expensive, at least 6 million kronor, to equip and rebuild it.

"It is not certain how many beds are really needed. So far, considerably fewer patients have been interned in accordance with the Infection Protection Act than we thought when Stenby manor first came into question," says Mikael Odenberg. "The home for the HIV-infected was originally planned for 5-10 patients. We have had two cases in the county court."

The politicians feel that a small unit, attached to one of the county hospitals, would be better, more realistic.

According to Mikael Odenberg, the Danderyd Hospital would be a natural alternative. Before a decision is made about another unit, however, the north-eastern Medical Service administration will investigate all possible alternatives.

"There is no hurry. We can continue to rent space at the Huddinge hospital until sometime in 1989. It has worked well for the girl we have there now."

12339

Authorities Defend Monitored Isolation of HIV Patients

Guarded for Lifetime

54002488 Stockholm DAGENS NYHETER in Swedish 29 Apr 88 p 7

[Article by Micke Jaresand: "Monitored Isolation Positive for HIV Victims"]

[Text] For 1 year now Anna, 24 years old, has been a patient at the Stockholm County Monitored Isolation Ward for persons infected with HIV. She was sentenced for an undetermined time under the law on infectious diseases. Inhuman, say critics of the law. The best thing that could happen to Anna, say her care providers.

Recently, another woman was sentenced for not following the instructions of her epidemiologist. The sentence stirred a debate and leading experts on infectious diseases believe that the HIV infection and AIDS are not covered by the law on infectious diseases.

The law is intended to deal with diseases from which the patient can recover. The HIV infection is incurable and remains with the victim throughout his life. Since no reevaluation other than a purely medical one is made, the decision by the epidemiologist amounts, in practice, to a lifetime sentence against the HIV-positive patient.

But personnel at the isolation ward feel vilified. They believe they are doing a good job and that compulsion, in this case, is a matter of secondary importance.

Getting Better

"The most important thing is that the patient improve and live under tolerable conditions," they say.

When Anna was brought in 1 year ago, it was basically impossible to communicate with her. She could not cope with even the simplest social situations, could not go out, and never washed herself.

Now she goes to the movies with her nurses, rides the bus, eats out at restaurants, and takes care of her own personal hygiene.

All this is a result of intense work that would have been impossible under voluntary conditions, according to the personnel.

"In this case, the locked doors have made an obstinate patient willing to improve as much as she could," said Ritva Luoma, who is in charge of the ward. "Force is not always negative."

"The law states that the patient shall be offered every conceivable type of care, somatic as well as psychiatric. No one ever talks about this, which makes me extremely unhappy."

Scapegoats

"Instead of discussing what we actually do, people have spent all their time looking for scapegoats. The fact is that the care we provide here is extremely humane. The only compulsion is that the patient cannot leave."

Agneta Tegner, a nurse, agrees:

"This type of ward is needed as a last resort. We are not involved in any hocus-pocus here. We are simply doing our best to make very sick people feel better," she said.

To a certain extent, however, the two nurses agree with critics of the law on infectious diseases.

"Some type of limited release and reevaluation of the sentence at regular intervals would probably be good, perhaps every 6 months," Ritva Luoma said.

Compulsory Dangerous Disease Reporting

54002488 Stockholm DAGENS NYHETER in Swedish 7 May 88 p 6

[Article: "New Proposal for Infectious Diseases Law"]

[Text] Anyone who believes he has become infected with a disease that is dangerous to the public, such as HIV, is required to go to a doctor and undergo an examination. This is one of the principles of the proposed new legislation on protection against infectious diseases that the government submitted to the Law Council on Friday. If the infected person fails to follow the directions of the doctor, he will be placed in monitored isolation. On the other hand, no one will be forced to undergo treatment.

The proposed legislation establishes the obligation of the individual to go to a doctor. It applies to drug users who have shared needles with someone they know or later find out to be infected with hepatitis or HIV. Anyone who has had sexual intercourse with a gonorrhea carrier is also affected. If the doctor has reason to believe a person is infected, then that person can be forced to undergo an examination.

200 Cases in Prisons

54002488 Stockholm DAGENS NYHETER in Swedish 21 Apr 88 p 6

[Text] In January, corrections officials had 40 known cases of persons infected with the HIV virus in prisons and just over 160 cases in open correctional programs. Most of these, just over 160, were found in the Stockholm region, according to a report on the AIDS situation from the Board of Corrections.

This was the first time the board surveyed the number of known HIV cases. The first case was discovered in the Huddinge Prison in 1985.

Almost 18,000 HIV tests were given in 1986 and 1987 as part of the battle against AIDS. Since then, 72 additional cases have been discovered at lockups and prisons. Very few of the inmates have refused the test, when it was offered.

Free Medicine for Patients

54002488 Stockholm DAGENS NYHETER in Swedish 29 Apr 88 p 37

[Text] The [Stockholm] County Council believes that HIV/AIDS should be included in the list of diseases whose victims have a right to free medicine. Today, neither the law on protection against infectious diseases nor any other regulations concerning free medicines apply to HIV/AIDS patients.

The Board of Public Health pointed out that there is now no medication that can prevent HIV infection or prevent it from developing into AIDS. On the other hand, patients may obtain life-long medication for diseases that are directly linked to HIV infection. For this reason, patients should have free medicine.

On Tuesday the board decided to write to the government requesting that HIV/AIDS be included on the list of free medicines.

09336

Gonorrhea Continues Decline in Country

54002517P Stockholm DAGENS NYHETER in Swedish 6 Jul 88 p 6

[Text] Gonorrhea is continuing to decline in Sweden. For all of last year, a little over 2,000 cases were reported, a drop of one-third compared with 1986. This is shown in statistics from the National Bacteriological Laboratory (SBL).

Gonorrhea, which in the early 1970's was a national disease—with 35,000-40,000 cases per year—is slowly but surely almost disappearing in Sweden. Last year, there were only 2,247 cases found, a drop by 1,477 compared with 1986. In the latter year the figure was 3,724.

However, gonorrhea is about to be replaced by chlamydia, which will be officially classified as a venereal disease starting this year. Formerly, there were no real statistics on this disease, but Lars Hambraeus estimates that there are roughly 100,000 cases of chlamydia each year.

TURKEY

AIDS Developments

Heroin User Has AIDS

54002505a Istanbul MILLIYET in Turkish 24 Apr 88 p 12

[Article by Asuman Aydin: "AIDS in Swiss Tourist"]

[Excerpt] Benhark Regula Katarina [name as published], a 25-year-old Swiss tourist who got caught up in the Istanbul heroin scene, was identified as having AIDS. Experts, warning the public against AIDS with the opening of a new tourist season, said, "Our young men who are so attentive to women tourists should be particularly careful."

The new tourist season brings with it, in addition to the flow of tourists, the threat of AIDS. The 25-year-old Benhark Regula Katarina, who came to Istanbul some time ago with her Far Eastern boyfriend, was caught at a heroin party and jailed at Bayrampasa Prison. Katarina suffered a crisis shortly after arriving there and was taken to the judiciary ward at Bakirkoy Mental and Nerve Diseases Hospital for treatment. A blood sample taken at the hospital and subjected to the Eliza test

proved AIDS positive. The young woman's blood tests were repeated at the AIDS confirmation center of the Istanbul Medical Faculty. The "Westel Blood Test" administered here confirmed that Katarina has AIDS. When Katarina said she had come to Istanbul with her Far Eastern boyfriend, an alert was issued and teams from the Provincial Health Directorate and the Security Directorate launched a search for the youth suspected of having AIDS, it was learned.

Katarina was placed in a private room at the hospital, her clothing and other items are kept separate from those of other patients and doctors and other medical personnel are reportedly wearing gloves while treating the patient.

Investigation Finds Flaw in Screening

54002505a Istanbul HURRIYET in Turkish
15 May 88 p 17

[Article by Guldal Kizildemir: "Panic After Careless Mistake"]

[Excerpt] Officials described it as a "terrible thing" to have two prostitutes whose Eliza tests came out positive be at large for 2 years even if the AIDS diagnosis was not definite, and the Health Directorate said the women must be found urgently and their licenses cancelled.

Istanbul Provincial Health Director Temel Dagoglu said, "HURRIYET's report 'AIDS Carelessness' [HURRIYET, 13 May 1988, reported that two prostitutes had tested positive for AIDS 2 years ago, but their cases were not followed up and they were still "at large in the marketplace."] must be taken seriously and those responsible discovered." Dagoglu said that if results of positive Eliza tests administered at Cerrahpasa Medical Faculty are not reported to the Provincial Health Directorate, the testing and confirmation functions would be removed from the hospital.

Noting that they had read the report "AIDS Carelessness" in HURRIYET and were taking the necessary action immediately, Dagoglu added, "Cerrahpasa Medical Faculty had reported to us in 1987 that two prostitutes tested positive on the Eliza test. We immediately canceled their licenses and admitted them to the Venereal Diseases Hospital to prevent them from working and spreading the disease until their test results were confirmed. However, these two women's names are not on the list you gave us. Measures will be taken immediately in connection with your names."

8349/9604

Infants Die of Diarrhea

54002515 Istanbul MILLIYET in Turkish 9 Jun 88 p 2

[Text] Mersin (MIL-HA)—Six children with diarrhea died in Mersin. A special service was reportedly set up at Mersin State Hospital when deaths began increasing and is treating more than 100 children a day. Hasan Doner, Muzaffer Ayyildiz, Nesrin Tan, Abdulaziz Uysal and Mehmet Aslan were admitted for treatment for diarrhea and dehydration, according to information obtained from Mersin State Hospital authorities. The children were treated but could not be saved and later died. Adnan Ozturk and Nihal Onal, doctors in the pediatrics service of Mersin State Hospital said, "Diarrhea causes vomiting, dehydration and loss of salt in children. If the children with diarrhea symptoms are brought to our hospital on time, treatment can begin that much quicker."

8349/12223

Anemia Affects 36 Percent of School Children

54002504 Istanbul MILLIYET in Turkish
7 May 88 p 13

[Text] Ankara, ANKA—Nutrition problems among children are steadily growing. Research conducted among primary school children revealed that children are suffering from anemia because of inadequate nutrition and unbalanced diets and that 36 percent of the students have low blood hemoglobin counts.

One survey of 355 children between the ages of 10 and 12, who are in the last grade of two elementary schools in the Yenisehir and Balgat quarters of Ankara, produced disturbing results. While 17 percent of these children, from a variety of socio-economic environments, were described as having a "thin physical structure," 17.7 percent of the boys and 15.8 percent of the girls were "underweight." The percentage of "very underweight" boys was 2.1, and girls 2.4.

Of interest was student consumption of milk, yogurt and meat, which was far below the ideal quantities, and consumption of far higher quantities of bread than needed for their age. Required individual daily consumption of bread is 250 grams, while the students' consumption was 298 grams.

The survey also encountered diseases associated with malnutrition. Forty-two percent of the children had tooth decay, 2 percent bleeding gums, and 22 percent conjunctivitis. Malnutrition-related diseases were found to be much higher at Balgat.

8349/9604

Measles Threatens Epidemic

54002505b Istanbul HURRIYET in Turkish
14 May 88 p 13

[Article by Meltem Pusat: "Measles Threaten"]

[Excerpt] Despite the vaccination campaign begun with great hopes throughout the country, measles has widely reappeared in Istanbul. Thought to have virtually disappeared in the past 2 years, measles has suddenly shot up

in the last 3 months. Experts point out that most of the children infected with measles were vaccinated.

Children's clinics at university and other state hospitals in Istanbul are quarantining measles patients, it was learned.

Haseki Hospital Children's Clinic chief, Assistant Professor Dr Ozer Pala, said it was significant that widespread incidence of the disease occurred after a vaccination campaign and in vaccinated children.

Assistant Professor Dr Mujgan Sidal, head of pediatrics at the Istanbul Medical Faculty, announced that measles was virtually unseen in 1983-1984 but began to appear widely in March this year.

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